Report to the Wessex Cancer Alliance Board				
Title:	**2024/25 End of year report**			
Sponsor	**Sally Rickard**			
Date:	**10th June 2025**			
Purpose	**Assurance**			
Summary of paper:	The paper presents to Board a summary of the Cancer Alliance achievements over the course of 2024/25, focusing in particular on the patient benefits and how health inequalities have been addressed. As part of the Cancer Alliance's assurance process, there is quarterly monitoring of the Alliance's achievement against national priorities, and Wessex Cancer Alliance has been fully assured by South East and South West regional teams and the National Cancer Programme. Representation from both constituent ICBs are present and active part of the quarterly assurance process.			
Implications: (Clinical, Organisational, Governance, Legal?)	Organisational – delivery of agreed objectives.			
Key risks and mitigations:	Not applicable			
Summary: Conclusion and/or recommendation	Board members are asked to review the content of the report and pass on any comments or queries at the meetings of the WCA Board on 10th June 2025. Following which the paper will be summarised and shared with all stakeholders and published on our website.			

Three key priorities for 24/25

During 24/25 there were three nationally set key priorities for cancer:

1. Continue to reduce the number of patients waiting over 62 days
2. Meet the cancer faster diagnosis standard by March 2025 so that 77% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
3. Increase the percentage of cancers diagnosed at stages 1 or 2 in line with 75% of cancer diagnosed at stage 1 or stage 2 by 2028

Achievement:

1. There was a significant reduction in 62-day backlog during 24/25 with all providers achieving fair shares during March 2025

2. At a Wessex, and Dorset, and Hampshire and Isle of Wight System level the FDS was met in March 25. By provider, 4 out of 6 achieved FDS for March 25.
HHFT missed the standard by 0.3% and IOW by 2.5%

3. We continue to progress against this target; at March 2025 63.2% of patients are diagnosed in stages 1 and 2

Prevention & Early Diagnosis

What did we say we would do?	What have we achieved?
Increase the early diagnosis of cancer (those in stages 1 & 2) by 3%	Our extensive programme of work has impacted the early diagnosis of cancers by a 1% increase. At the beginning of the year our calculations included the implementation of the multi cancer blood test which would have had a major impact on the earlier diagnosis of cancers. In the absence of this continued roll out of Targeted Lung Health Checks, the Local Improvement Scheme with primary care, the increase in use of FIT in primary care and the awareness campaigns have helped to increase the proportion of patients diagnosed in earlier diagnosis (see detail below)
Expand coverage of the Targeted Lung Health Check Programme to North and Mid Hampshire and increase coverage across Dorset. Commence 2nd round of screening as part of a business-as-usual service in Dorset, Southampton and Portsmouth. Increase uptake of invitation rate. Achieve >75% early detection of lung cancer rate within the programme.	The programme launched in North and Mid Hampshire and Dorset screening capacity has increased. The programme has continued to increase coverage across Wessex. (25% coverage 23/24, increase to 45% in 24/25) Dorset, Southampton and Portsmouth developed and implemented model for business-as-usual service i.e. re-inviting previous non responders and re-screen participants previously identified as low risk. Commenced in 24/25. Invitation uptake rate has increased. There is considerable variation between providers, which is largely due to differences in service delivery models. [44.7% in 23/24, increase to 61.5% in 24/25] Current data suggests 201 lung cancers were identified in 24/25, with 82% early diagnosis rate. This is higher than the National average. (120 lung cancers diagnosed in 23/24).

Prevention & Early Diagnosis

NHS Wessex Cancer Alliance

What did we say we would do?	What have we achieved?
Deliver a prevention and earlier diagnosis Local Improvement Scheme for PCNs in HIOW and Dorset • PCNs to audit all lung, oesophageal and pancreatic cancer cases from 23/24 • PCNs to have clinical and non-clinical cancer leadership and engage with education and webinars • PCN staff to complete Very Brief Advice (VBA) training for smoking cessation (aiming for 50% of staff trained) • PCN to promote cancer awareness campaigns • PCN to ensure at least 1 practice nurse attends cancer education event	• Over 95% of PCNs signed up to audit and reports received from all • Over 200 practice nurses attended cancer education sessions (on earlier diagnosis of cancer and treatment and side effects) • Excellent engagement with campaigns. GP engagement with 'Know the Signs' campaign was best of any campaign to date • PCNs audited over 1000 lung, pancreatic and oesophageal cancer cases. PCNs have implemented their own action plans, and the data is being used to inform work for this year • An additional 1662 people completing VBA training compared with the previous year. 683 of these completed feedback survey- 90% somewhat or very likely to use VBA in consultations. See table below for comparison of VBA module completion for 23/25 and 24/25 by local authority:

Local authority	2023-24	2024-25
Dorset	18	492
Hampshire	79	852
Isle of Wight	12	136
Southampton	28	171
Portsmouth	9	157
Total	**146**	**1,808**

Prevention & Early Diagnosis

What did we say we would do?	What have we achieved?
Deliver a pilot on Isle of Wight whereby community pharmacists can refer patients with red flags symptoms for lung cancer directly for chest X-ray.	Pilot completed, pathway shown to be feasible. However, only small numbers referred, and it was not felt to be a suitable model to roll out further at this time.
Implement and deliver 94,000 Galleri tests as part of the Multi Cancer Blood Test pilot from December 2024.	The pilot was stood down by NHS England in June 2024. Planning and delivery work across the systems has been archived to facilitate any future pilots of this nature.
Work with Southampton City Council to incorporate cancer messaging into NHS Health Checks.	Working with a Public Health consultant a pilot has been designed which will see inclusion of cancer screening and cancer signs and symptoms awareness raising in 300 NHS health checks from April 2025 to December 2025. All pilot practices serve deprived areas which are ethnically diverse and have populations with high-risk behaviours e.g. smoking. The pilots are a test of concept and acceptability. Evaluation will be via surveys of the patients and staff.

Prevention & Early Diagnosis

What did we say we would do?	What have we achieved?
Deliver an oesophageal cancer awareness campaign in collaboration with the charity Heartburn Cancer UK	Wessex wide campaign promoted via GP practices and pharmacy Campaign visuals highlighted stories of local patients Outdoor advertising in targeted areas linked to areas of deprivation and high prevalence of key lifestyle risk factors 4 successful community engagement events in collaboration with Heartburn Cancer UK Campaign led to local radio coverage, local press coverage and Heartburn Cancer UK achieved national news coverage Successful social media campaign
Apply for national pancreatic cancer case finding pilots.	Managed Wessex EOI process and identified 5 PCNs (3 in H&IOW and 2 in Dorset) to collaborate with on case finding application. Comprehensive project proposal submitted to the national team but Wessex were not selected for the pilot on this occasion. However we now have a model and secondary care support to take this forward in future if required.

Prevention & Early Diagnosis

What did we say we would do?	What have we achieved?
80% of Lower GI urgent suspected cancer referrals to be informed by a FIT result Fewer than 20% colonoscopies on the LGI urgent suspected cancer pathway to be performed without a FIT result available. Minimise the number of colonoscopies performed on the urgent suspected cancer route in patients with a FIT result <10, normal full blood count and normal exam.	**Achieved national target of 80%** LGI suspected cancer referrals with a FIT result for Wessex (80.4%). This represents an **increase of 14.3%** across the year. H&IOW at 81.5% (increased 17.8%) and Dorset at 78.4% (increased 8.8%). Colonoscopies performed without a FIT have reduced by 3.1% (from 18.4% in Q4 23/24 to 15.3% Q4 24/25) and colonoscopies where FIT<10 have reduced by 7.7% (20.8% down to 13.1%). Achieved through: • Monthly FIT and Colorectal Pathway Meetings with primary and secondary care • Analysis of FIT data shared regularly with both primary and secondary care and to support Endoscopy Network. • LGI referral audit across all 6 Wessex Trusts – findings and key messages shared with PCN cancer leads for dissemination. • Improved completion and quality of national FIT metric submission (6/6 Trusts submitting full data from Q3). • Liaising with pathology teams to address any delays raised by primary care. • WCA Primary Care team proactively contacted practices with a low proportion of referrals with a FIT.

Prevention & Early Diagnosis

Patient Benefits

Lung Cancer screening (formerly Targeted Lung Health Checks) has demonstrated a high early detection rate from asymptomatic screening, with 82% of patients diagnosed early, where treatment is more curable. The programme continues to improve uptake, with a rate of 61.5% this year, this is due to improving the communication and promotion of the programme, and implementing an offer of virtual screening assessments across all programmes.

Development of the **hepatocellular cancer surveillance** call and recall systems and support for the trusts has meant that more robust registers and 6 monthly surveillance appointments have supported some of the most vulnerable in our population and picked up cancers early when they do develop.

Patients will benefit from the work they have completed for the local improvement scheme. The continuation of the clinical and non clinical champions means that there is a greater awareness and understanding of cancer in each of the PCNs which helps the **spotting of cancer signs and symptoms.**

The **lung, oesophageal and pancreatic audit** has given clinicians a chance to reflect on the experience of the individual patients which have given learning points that can be shared with clinicians in the PCN. In addition to this there are some clear points coming out of the audit and we will ensure practice in referral is changed to maximise the opportunity for patients to be diagnosed early.

The practice nurse training on red flags in the treatment room will mean that more nurses are aware that particular **signs and symptoms** should be escalated to a referring member of staff and therefore cancers will be picked up earlier.

The large number of additional clinicians who have completed the NCSCT **very brief advice** for smoking training will now be able to use the effect Ask Advise Act model to help more people stop smoking which is the most effective way to prevent cancer.

Prevention & Early Diagnosis

Addressing health inequalities

Expression of interest submitted to NHS England for funding for community liver health check pilots. This work will support access to diagnostic testing, treatment and surveillance of patients with high risk behaviours particularly from inclusion health groups.

A paper was written which collated the evidence and available data on the use of Sunbeds and relationship with skin cancer. This has supported a call to action around the use of sunbeds, regulation and potential banning with the Department of Health, British Association of Dermatologists, Cancer research UK and others. The paper and subsequent discussions have highlighted that those from lower socio-economic groups, and marginalised groups are potentially the biggest users of sunbeds. This work is likely to progress in 25/26 with a national interest in collating more data, getting prospective data on sunbed usage in skin cancer patients (audit) and legislation proposals.

Continued development of the Hepatocellular Cancer (HCC) Surveillance call and recall systems in trusts to ensure those patients who are at highest risk of developing HCC are picked up early.

Faster Diagnosis

What did we say we would do?	What have we achieved?
Performance Headline Position • Delivery of **Faster Diagnosis Standard (FDS) stretch target of 77%** by the end of March 2025 • Delivery of 62 day national in year **recovery target of 70%** by the end of March 2025	**Faster Diagnosis Standard (FDS)** • **77% target exceeded as Wessex**, and for both Dorset and Hampshire and Isle of Wight Systems (H&IOW). **Wessex overall at 80.7%,** Dorset 79.7% and H&IOW at 81.2%. • 6 out 7 providers exceeded the 77% target. • 3 out of 6 achieved 80% or over. **62 Days Referral to Treatment Standard** (combined) • **70% target exceeded** as Wessex, and for both Dorset and Hampshire and Isle of Wight Systems (H&IOW). **Wessex overall at 75.5%,** Dorset 74.4% and H&IOW at 76.1% • 5 out of 6 providers exceeded the 70% target. • IOW missed the 70% target however showed strong recovery against myriad challenges by the end of March with a 13.6% improvement from their February 25 position. Recovery continues with clear plans as agreed through the Tier 2 process.

Faster Diagnosis

What did we say we would do?	What have we achieved?
Establishment of an Endoscopy Network for H&IOW	• Clinical and managerial leadership established to form and run a Network across Hampshire and the Isle of Wight (H&IOW). • Terms of reference and membership agreed with first 5 meetings held. • Workplan and actions agreed. • Visits held with 7 providers to establish a baseline position of service provision, examples of good practice and challenges. • National visit/review for endoscopy supported by the Network with scope including the DM01 as well as cancer position. • Standard Operating Procedure agreed through the Network for management of surveillance.
MDT Working Review & Best Practice Recommendations	• Clinical leadership established to enable a peer review type model of approach. • Offer made to providers to undertake attendance, review and feedback for priority tumour sites. • Meetings attended throughout 25/26 with constructive feedback provided and best practice and challenges identified and shared with others. • Good practice also linked up with national work on the same with HHFT taking part in that element as an exemplar for Wessex.

Faster Diagnosis

What did we say we would do?	What have we achieved?

To implement a pathway for Unscheduled bleeding on HRT (national priority)	• 3/6 providers implemented unscheduled bleeding on HRT pathways, all utilising GP direct access.
	• A further 2 pathways approved by governance and expected to launch in Q1 25/26. Discussions are underway with the remaining provider.
	• A 12-month audit was completed for the University Hospitals Dorset (UHD) pathway pilot which showed:
	  • Reduction in post-menopausal bleeding (PMB) referrals of 18% (in the context of a previous 16% yearly increase).
	  • 55% of patients scanned did not require onward referral for gynaecological assessment/ investigations, saving 72 PMB one stop clinics (433 appointments).
	  • Conversion rate was 0.4% (well below NICE 3% threshold for USC referral), showing the pathway to be safe.
	• Lessons learned from the UHD pathway were used to support rollout at other providers.
	• Continued working with Community Diagnostic Centre partners to utilise alternative capacity.
	• Development of new and tailored patient information, including easy read and video format published on the Cancer Matters Wessex website.
	• Patient feedback mechanisms built in for all pathways in line with local Trust processes.
	• Awareness raising of the new pathways and updated BMS guidelines (published April 2024) undertaken at various GP education events.
	• Discussions underway with the Society of Radiographers with agreement to produce a position statement around GP direct access and onward referral of abnormal findings to support the rollout of these pathways nationally.
	• Discussions commenced at PHU around potential to explore how Robotic Process Automation could support the pathway.

Faster Diagnosis

What did we say we would do?	What have we achieved?
To implement a pathway for breast pain (national priority)	• Hampshire Hospitals mastalgia pathway fully embedded and transitioned to business as usual, with Advanced Nurse Practitioner substantive posts in place. • Trial nurse-led breast pain clinic launched in Portsmouth in Q4. • Initial discussion held with IOW, with agreement to explore a joint approach with PHU based on trial clinic outcomes. • Discussions underway with University Hospitals Dorset and Dorset County Hospital looking at a pan-Dorset community breast pain clinic approach, with fixed term funding confirmed for nursing posts to support piloting. • Southampton Hospital continues to be included within the national Association of Breast Surgeons ASPIRE project control group, with outcomes expected summer 2025. • Discussions have been initiated with the national team around potential for a breast pain tariff in Community Diagnostic Centres to support these pathways taking place outside of the one stop clinics.

Faster Diagnosis

What did we say we would do?	What have we achieved?
Colorectal review	• Pathway analysers completed and shared with all 6 Trusts. Deeper and wider analysis of data has also been completed and shared with Trusts to help further identify areas for improvement. • Deep dive review conducted of all patients diagnosed with colorectal cancer across Wessex in 2023/2024 financial year. • What works well, good practice, challenges and actions have been identified on a provider level. We will continue working with Trusts to deliver the actions identified locally and identify common themes to drive improvements collectively across Wessex. • Supported Trusts with data analysis and evaluation of pilots to strengthen internal discussions.
Bladder deep dive	• Pathway analysers completed for all 6 providers, with initial discussions carried out with all 4 HIOW teams plus Salisbury, with meeting dates planned for Dorset in Q1 25/26. • Statistical process control analysis completed for all 6 providers to support initial discussions. • Data review undertaken for Wessex which included a focus on demographics such as age, gender and ethnicity, with identification of specific cohorts for focus such as women and muscle invasive disease. • Key focus areas identified for further exploration around management of non-visible haematuria, triage protocols, imaging protocols, referral quality and management of the muscle-invasive cohort. • Initial referral audit completed for 20 referrals across HIOW looking at quality and content, which identified missing bloods/ filter tests as a common theme (80% missing or out of date). • Non-visible haematuria survey shared with all providers to determine current and aspirational practise in terms of investigations, with plans in place for an in-person session to gain a consensus in Q1.

Faster Diagnosis

What did we say we would do?	What have we achieved?
UGI	• Pathway analysers completed and shared with all 3/6 Trusts and initial meeting with each of the 3 Trusts have taken place to present the data which has identified areas to explore into 25/26 financial year.
Prostate	• A consensus statement on PSA testing for prostate cancer was agreed and approved across Wessex to assist Primary Care. • Revised and updated urgent suspected cancer referral form launched across Wessex.

Launch a Testicular self-referral pathway pilot in Southampton	• Self-referral pathway launched July 2024 across 7 PCNs in Southampton (27 practices). 46 referrals received up to end of 24/25.
	• 10 patient feedback interviews conducted (22% response rate) with positive results.
	  • 100% were positive about their experience and went away reassured
	  • 100% of patients supported self-referral for its convenience and felt it shortened the time to getting results
	• A wide range of BAME groups were represented from the audit data and the patient feedback. Wider reach to younger patients was also demonstrated.
	• Staff feedback received from urology, radiology, primary care and admin and clerical teams, with over 70% agreeing the service should be continued.
	• No cancers have been diagnosed to date.

Faster Diagnosis

Patient Benefits

Increased access to tests via primary care, therefore increasing access for people, via GP direct access initiatives.

Increased access to diagnostics closer to home, and community settings for people, including in gynaecological and colorectal pathways.

New management pathway for people with unscheduled bleeding on HRT meaning people are not undergoing unnecessary tests, or unnecessary trips to hospital where not clinically indicated and a reduction in anxiety and increased understanding and enabling self-management in a primary care setting.

Increased access to patients through self-referral mechanisms, enabling patients to refer without the need to visit their GP, including outside of usual working hours.

Addressing health inequalities

Increased options for people to access diagnostics through CDCs, GP Direct access and self-referral pathways.

Personalised Care & Treatment

What did we say we would do?	What have we achieved?
Prehabilitation and Rehabilitation - Develop a draft business case and operational model for a virtual cancer support hub to provide information, support and signposting of Universal support, and efficient access to targeted and specialist support local to patients. Engage and socialise with healthcare service providers to support the use and implementation of the prehab/rehab toolkit and service improvement tools.	A business case for a Cancer Support Hub has been drafted and we have undertaken a scoping of digital platforms to support the hub to further inform the operational model. We have engaged with key staffing groups, including Cancer Support Workers and Cancer Clinical Nurse Specialists to support shaping the operational model at a high level. This year we have established a Prehabilitation and Rehabilitation Community of Practice, to bring together colleagues across the footprint who work in this area, to share learning and practice and support developing services. Through this group, we have promoted the online toolkit and Service Improvement/Self Audit tool.
Implementation of Personalised Assessment and Care in Cancer (PACC) Project.	Two PACC champions delivered the project on two hospital sites. 52 patients have been supported. A total of 88 contacts and 56 care plans developed. Interventions included: referrals to counselling services; referral for financial assistance; smoking cessation/alcohol treatment; community support services; routine assessment of diet and nutrition; support with intimacy and relationship concerns. High levels of patient satisfaction were reported. The champions perceived benefit included engaging patients early, improved relationships with patients, avoiding assumptions about need, more discussions about mental health, increased confidence/role satisfaction, more detailed and appropriate referrals, improved documentation and sharing.

Personalised Care & Treatment

What did we say we would do?	What have we achieved?
Continue to support providers to implement Personalised Stratified Follow Up pathways for Breast, Prostate, Colorectal and Endometrial	We have participated in the NHSE Personalised Stratified Follow Up (PSFU) audit with all six providers providing data. T**here are a total of 19536 patients on cancer PSFU pathways across the alliance.** This significantly releases outpatient slots for those patients newly diagnosed or those patients with more complex needs requiring face to face clinician time. Trusts have been working openly and collaboratively with the personalised care team at the alliance to discuss the challenges of PSFU implementation. Digital transformation and implementation of remote monitoring systems has progressed, although inequity still exists of a patient facing digital system across the two Integrated Care Boards footprint. Development of a personalised care data dashboard has been ongoing. A defined list of required data for an initial version of the dashboard, aligned with national priorities has been developed and this has included numbers of patients enrolled on an active PSFU pathway.
Delivery of Health Coaching (HC) training.	139 healthcare professionals signed up for training Evaluation: An overall positive impression of course (content, activities, materials, delivery, expertise, applicability etc). Intended change in practice: integration of coaching techniques into practice, empowering patients and encouraging self-determination, professional growth and adaptation, increased listening and collaboration.

Personalised Care & Treatment

What did we say we would do?	What have we achieved?
Facilitate, lead and evaluate a second Principles of Personalised Care Module (WBL module)	The module was developed by experts from across the Alliance and Southampton University using a Work Based Learning format. The module is based on the 6 domains of personalised care. The taught content is delivered by clinical experts over 6 study days. Assessment is by written work and a presentation of a work-based project. 24 Healthcare Professionals have successfully completed the previous 2 course deliveries. The module is being delivered for a 3rd time commencing March 2025 with another 14 Healthcare Professionals attending. The presentation assessment day will be held in June. Module evaluation by students has been positive with a direct impact on clinical practice and patient care.
Development of Personalised Care Champions who are skilled, confident and educated to deliver high quality personalised care.	Personalised Care Champions have continued with local projects to enhance delivery of personalised care interventions and improve workforce knowledge of cancer outcomes and services data (COSD) requirements and reporting processes. The champions have contributed to the development of best practice guidelines and improving the Alliance training pages to support education. Local champion project activity was presented at the Celebrating Personalised Care conference in March 2025. Development of a personalised care data dashboard has been ongoing and tested with a small pilot group

Personalised Care & Treatment

What did we say we would do?	What have we achieved?
Right By You (RbY) - evaluate the service and review long-term funding options for the service	Robust qualitative and quantitative evaluation is now complete. Between April – October (2024) service data was collected by RbY staff regarding interventions provided, benefits to the service user, and the impact on service user experience, health service use and societal impact. Data has been collected on 137 service users across 442 RbY interventions. RbY supported >800 service users and families as of April 2025. Findings: RbY impacts patient care, experience, and outcomes. Other benefits include positive impact on both RbY staff and wider workforce. Cost benefit analysis demonstrates value for money on patient use of health services with associated cost savings (**for every £1 spent, RbY delivers up to £4 in savings**, saving 2.3-4 times its cost in avoided health service use). Data analysis demonstrates operational and cost efficiencies, as well as potential for scalability of the service. A business case has been drafted. This business case aligns with several national priorities, policies, and frameworks. Extensive engagement with local stakeholders and Integrated Care Board is ongoing.

Personalised Care & Treatment

What did we say we would do?	What have we achieved?
Psychosocial Support - Completion of service scoping, generation of mapping and gap analysis report. Circulation and publication of report.	The initial psychological service scoping; generation of mapping and gap analysis report has been completed. This has been circulated and the report published. https://wessexcanceralliance.nhs.uk/wp-content/uploads/2025/04/WCA-Psychological-Support-Report_Final.pdf Extensive work to engage local stakeholders and Integrated Care Board as part of action plan has been ongoing. The Psychology clinical advisory group has been established in January 25. Its aim is to advise the alliance on matters related to psycho-oncology policy and practice, and to provide peer learning and support for practitioner psychologists working in psycho-oncology across Wessex. There are plans to develop a Community of Practice for a wider audience in 25/26.
Implementation of recommendation from EBCD Talking Therapies project.	The project ended in March 2024. A celebration event including patient participants was held in May 2024. The project report has been completed and presented at the Personalised Care Programme Board. Information and a short film outlining this project, its aims and methodology is available here: Improving psychological support for people affected by cancer in Portsmouth - Welcome to Wessex Cancer Alliance The Alliance plans further work to implement the learning from the project.

Personalised Care & Treatment

What did we say we would do?	What have we achieved?
Recording of frailty score at referral	We are near to achieving Rockwood Comprehensive Frailty Score (CFS) on all urgent suspected cancer referral forms. This has been signed off in Hampshire and IOW and near to sign off in Dorset. This update will be the foundation for socialising the importance of frailty and setting the scene for change, supporting further project aims to have an equitable offer of comprehensive assessment for people at risk or with frailty.
Integrated care frailty process mapping trust/region	We have built relationships within the system, scoping innovative potentials for managing frailty within the whole system, this includes managing frailty and cancer within frailty teams in primary, community care. The landscape has changed rapidly in 12 months with a shift towards integrated neighbourhood working. We are working alongside Integrated Care Boards and the emerging Integrated Neighbourhood Teams to raise the profile of cancer patients and the potential for increased assessment and management of people with cancer and frailty within them.
Wessex wide older person assessment service	In Q1 we scoped what an equitable offer for Wessex could look like. The aim of this scoping was to demonstrate what could be the outcomes for Wessex if we achieved the same outcomes evidenced in research, demonstrating improved patient outcomes, cost savings and reduced impacts on services. This has been useful to take forward conversations with a range of people within the system, raising the profile of frailty within cancer pathways. There are current discussions with industry that have potential to support this work.

Personalised Care & Treatment

What did we say we would do?	What have we achieved?
Frailty education module delivery	The Frailty level 4-module: Identifying, assessing and supporting people with cancer and frailty was delivered in Q3 of this year. This was attended by 16 students from the supportive and assistive workforce from primary, secondary, community and care homes. This module was very positively received, and we are already having examples of how students are thinking 'frailty' and working to improve services. Three students will be presenting at the prehabilitation/rehabilitation conference in July this year.
Conduct Systemic Anti-Cancer Therapy (SACT) Demand and Capacity Review	Following the work undertaken in 2023, a collaborative agreement has been put in place with the industry partner providing the demand and capacity tool. A re-engagement event with all six provider Trusts represented was undertaken in January 2025. A clear plan of demand and capacity data collection and scenario modelling was put in place and commenced in February 2025 (currently ongoing).

Personalised Care & Treatment

What did we say we would do?	What have we achieved?
Support Acute Trusts to explore/develop/expand Systemic Anti-Cancer Therapy Closer to Home Services	Following the systemic anti-cancer therapy (SACT) closer to home event in July 2023 the cancer alliance has continued to facilitate ongoing discussions between the Dorset providers and Lloyd's healthcare to test a proof of concept of an end-to-end service of SACT delivery. However, due to the imminent changes to NHSE and the financial restrictions for providers, ongoing discussions have been stopped. Scenario modelling as part of the SACT demand and capacity work is being utilised to model alternative solutions going forward.
Build a Systemic Anti-Cancer Therapy Data Dashboard	Development of a systemic anti-cancer therapy data dashboard has been ongoing with Dorset Intelligence and Insight Service (DiiS). A defined list of required data for an initial version of the dashboard, aligned with national priorities has been developed. As the demand and capacity data becomes available this will be added to the dashboard.
Support Systemic Anti-Cancer Therapy Nurse Education Plan	January 2024 saw the launch of the UK Oncology Nursing Systemic Anti-Cancer Therapy (SACT) digital passport across the cancer alliance. All six provider Trust have now adopted the digital solution for passport completion. The SACT clinical practice educators have continued to deliver the theoretical element of SACT training across the alliance with 83 staff having attended the training.

Personalised Care & Treatment

What did we say we would do?	What have we achieved?
Improve Radiotherapy Waiting Times	The 3 Wessex radiotherapy providers (with WCA support) continue to keep waiting times to a minimum by utilising efficiencies; the best possible radiotherapy methods and having a flexible and enthusiastic workforce, ensuring the best and robust governance possible. The aim is to make the pathway of each individual a bespoke experience for them.
Work cohesively with the Thames Valley and Wessex (TV & W) Radiotherapy Operational Delivery Network (ODN)	The Wessex and ODN work plans are complementary. Representation at the 3-monthly Network Operation Group meetings has built good working relationships.
Hold robust discussions following the Radiotherapy Demand and Capacity report publication	The Edge Health report for the TV &W ODN in February 2024 has been used as a baseline of activity. It has been recognised that radiotherapy demand has grown more than the predicted levels (with the document looking more at activity delivered). Local radiotherapy teams continue to look at demand data and its fluctuations, in tandem with fractionation schedules.
Produce Wessex-wide Radiotherapy guideline documentation	Safe staffing guidelines have been developed along with radiotherapy skincare guidelines. These supplement individual provider Trust documents. Progress is ongoing with the development of superficial radiotherapy guidelines and an MRI position statement (regarding MRI use for radiotherapy planning) with imminent release in 25/26.

Personalised Care & Treatment

What did we say we would do?	What have we achieved?
Assess and consider Radiotherapy Equipment replacement	The ODN maintains a robust equipment replacement log. A constant dialogue regarding newer technology provision to be "future ready" is a standing agenda item. Trust providers within the Alliance have developed what a one, two, five and ten-year equipment profile and delivery modernisation including adaptive radiotherapy (ART) should look like. Liaison with manufacturers; dialogue with early adopters; literature searches of national/ international current practice and exchanges at radiotherapy forums (to forecast future methodology) is supporting this work.
Examine Radiotherapy Pathway efficiencies	Pre-treatment and treatment times inclusive of Stereotactic Ablative Body Radiotherapy (SABR) continue to be examined to achieve the best efficiencies possible. Eleven pre-treatment flowcharts have been produced collaboratively. These demonstrate the complex nature of radiotherapy pathways and aim for standardised practice across the alliance; this is despite the variable equipment and workforce challenges.
Work collaboratively across the 3 Wessex Radiotherapy providers	This has been one of the most successful facets of work in the radiotherapy programme. There has been great success and collaboration of the Regional Service Managers and Radiotherapy Programme Manager, meeting regularly to share individual strategies, challenges and peer support. Seven radiotherapy radiographer and administrator peer groups have been formed, achieving great teamwork and beneficial peer support.

Personalised Care & Treatment

What did we say we would do?	What have we achieved?
Development of Acute Oncology (AO) standards across WCA	A Cancer Alliance Best Practice Standards document has been developed & shared with all stakeholders for comment via the clinical advisory group. Approval is expected by the clinical advisory group by mid 2025.
Development of AO data dashboard. Testing the usefulness of the directory of AO services on the WCA website.	Data across Wessex is not being recorded in a consistent way. Dashboard will be developed in 2025/26. Engagement from the CAG, the directory of services has been established & further developed within the WCA website. It is reviewed regularly by the CAG for update.
From the AO scoping reports, investigate the usefulness of a 24hr telephone line, consider if local or alliance wide solution is appropriate.	The AO Lead was invited to represent the alliance at the UK AO Society & participate in a 4 Nations Telephone Triage Review with subsequent recommendations being published. A local telephone triage focus day held in March 2025 with a clear proposal for a Wessex wide solution agreed to be progressed.
Implementation of AO Education	An AO education subgroup has been formed & written strategy drafted for primary & secondary care educational requirements. The AO project has a clear plan for level 3 AO passport implementation. Individual trusts have progressed with AO & Portsmouth Hospitals Trust ran a successful AO conference with excellent representation across the area. A Wessex wide AO conference is in planning.
Investigate the role of AO in the pathways of Malignancy of Unknown Origin (MUO) and Cancer of Unknown Primary (CUP) to establish an equitable service across the WCA.	Malignancy of Unknown Origin subgroup has been established. This group have linked with the national group for added support and learning. Individual services have been scoped and identified a difference in service provision across the WCA. A work programme is being developed to address this. The CUP Clinical Advisory Group has been reestablished.

Personalised Care & Treatment

What did we say we would do?	What have we achieved?
Investigate the role of AO in the pathways of Malignancy of Unknown Origin (MUO) and Cancer of Unknown Primary (CUP) to establish an equitable service across the WCA.	Malignancy of Unknown Origin subgroup has been established. This group have linked with the national group for added support and learning. Individual services have been scoped and identified a difference in service provision across the WCA. A work programme is being developed to address this. The Cancer of Unknow Primary clinical advisory group has been reestablished.
Embedding Lynch syndrome into colorectal and endometrial pathways.	Lynch Clinical Nurse Specialists in post have been responsible for tracking lynch testing and completing audits in their provider Trusts. Auditing of NICE guideline pathways demonstrate >90% compliance. The Alliance funded genetic counsellor has continued to provide training and education to clinical nurse specialists and clinicians to deliver mainstreaming of genetic testing in Lynch. This role has also offered peer group support, case study reviews, and guidance to the lynch clinical nurse specialists.
Implementation of paediatric and TYA whole genome sequencing (WGS).	As part of the Teenage Young Adult specification, WGS was introduced to all patients aged 16-24years. This has been rolled out initially to leukaemia patients only due to demand on pathology services and to test the process. Patients are now identified at multidisciplinary meetings to allow appropriate information and consent to be obtained and has become embedded as business as usual. Paediatric WGS has also been offered to new patient referrals. 45% of patients were eligible and offered WGS. Of the 10 results returned 10% (n- 1) had a clinically significant result.

Personalised Care & Treatment

What did we say we would do?	What have we achieved?
Treatment variation Initiate the review of the five nationally identified priority treatment areas, known as 'treatment metrics', to identify where providers are a) under Nationally set targets, and b) where there is unwarranted variation. This will be achieved by collecting clear and concise data, improving data capture and collaboration with Clinical Advisory Groups, to construct the full context of the treatment metric.	A review of the treatment metrics via published National Cancer Audits (NATCAN), and supporting information, was undertaken. In collaboration with the Clinical Advisory Groups, where variation in practice was observed, this was identified as warranted i.e. explanation for difference occurring, or unwarranted, and requiring further review. Within this work this year, we have improved the data quality and capture of the lung metric and worked to sight the clinical teams, through the Clinical Advisory Group, on where there is variation observed and outliers presenting in the data. By year end, Wessex treatment rate for curative lung surgery exceeded the Nationally set target and variation was reduced.

Personalised Care & Treatment

Patient Benefits

- Community of Practice formation for Radiotherapy has enabled the sharing of good practice and exploration of implementation across Trust providers.
- PACC champion pilot has proven early interventions support patients with their individual needs.
- More people are now actively enrolled onto Personalised Stratified Follow Up pathways. This reduces the need to attend hospitals as frequently but provides structure/safety-netting for patients to initiate a follow up as and when required. It releases capacity in the outpatient setting to enable those with more complex needs to be seen promptly.
- Delivery of health coaching techniques to healthcare professionals will have positive impact to patient care in practice by empowering patients and encouraging self-management.
- Right by You impacts patient care, experience, and outcomes. Data analysis demonstrates operational and cost efficiencies, as well as potential for scalability of the service.
- Recording of frailty score at suspected cancer referral will ensure patients are assessed appropriately, ensuring the right investigations and treatments are offered for individuals.

- Systemic Anti-Cancer Therapy demand and capacity has identified opportunities for delivery of treatments closer to patient's home.
- Systemic Anti-Cancer Therapy nurse education ensures the safe delivery of treatments to patients by the correct workforce.
- Efficiencies in the radiotherapy pathway continue to keep treatment waiting times to a minimum for patients.
- Best Practice Standards in acute oncology will aim to ensure equitable access to services for all patients across the cancer alliance.

Personalised Care & Treatment

Addressing health inequalities

- Digital transformation and implementation of remote monitoring systems has progressed, although inequity still exists of a patient facing digital system across the two Integrated Care Boards footprint.
- Personalised Stratified Follow Up - Improvements in patient experience with input from the clinical team when they are required; less travel expenses, as unnecessary outpatient attendance is no longer required. Digital access for those with digital literacy. No exclusion for those in digital poverty as paper processes remain in place and telephone contact still encouraged.
- Health Coaching and Personalised Care Interventions - People get access to personalised support throughout their cancer journey.
- Psychological support – comprehensive assessment, identification and referral to appropriate psychological services (level 1-4) for all patients in a place that suits them.
- Right by You - this project is supporting individuals from marginalised groups, in particular people who are homeless, those with mental illness and severe mental illness, and prison communities.

Workforce

What did we say we would do?	What have we achieved?
Utilise the ACCEND framework to support a WCA approach to workforce development. *(Note the national mandate for Cancer Alliances to facilitate the implementation of the ACCEND Career Pathway, Core Cancer Capabilities and Education Framework in providers for non-medical cancer workforce roles, aiming for business as usual next year.)*	• Wessex wide buy in for ACCEND through the steering group members who guide the implementation plan to embed ACCEND framework to support the growth, upskilling and retention of the Wessex cancer workforce. This is further supported at an organisational level through a 'hub and spoke model' ACCEND steering group developing local ownership of the ACCEND framework to support workforce planning, staff appraisals and development plans. • Created ACCEND tools to support understanding of the value of the ACCEND framework including an Implementation Guide and an ACCEND Guidance webinar to be found here. • Increased workforce engagement with ACCEND through WCA team working directly with cancer service teams in all acute Trusts to guide individuals to identify and map their capabilities against the ACCEND framework, highlighting both individual and team development needs. • Working with Trust education leads to support funding of prioritised development needs through grants awarded by NHSE Cancer and Diagnostics programme following successful bids by WCA. • 111 individuals are using the digital e-portfolio licensed to WCA to record capabilities, map development undertaken and identify future development needs. Quarterly data for Wessex on number of professionals engaging with the portfolio, capabilities documented, development undertaken and levels of practice is and will inform on going workforce development plans.

Workforce

What did we say we would do?	What have we achieved?
Upskill the Primary Care workforce to better support people with cancer	• Final reports of the NHSE funded pilot projects evaluating the impact of cancer focused roles (cancer nurse, physiotherapist, dietitian and occupational therapist) within primary care were completed early 2025. These will be used to inform further work in 2025/26 to develop cancer knowledge in the non-medical workforce in primary and community care supporting the shift required from acute to community. • During 2024/25 WCA funded an experienced cancer nurse to support education and development of the primary and community nursing workforce with a focus on immunotherapies and side effects. This role supported the development of 248 primary / community care nurses across Wessex through education events and WCA will reengage further with attendees in Q2 as we enter a new phase of this work.

Workforce

What did we say we would do?	What have we achieved?
Valuing our workforce through development and networking opportunities	WCA were successful in funding applications for over £0.25million during 2024.25 to support development of cancer nurses, SACT nurses and supportive workforce across Wessex. The funding has supported WCA to deliver a rolling development programme for the supportive workforce including O'Halloran Admin Oncology webinars, Psychological 5 a day course, Health Inequalities 123 Approach. A Cancer Quality Improvement Programme supported cancer workforce across workforce roles. Cancer Nurse Funding has supported WCA to facilitate / provide: • 7 x Advanced Communications Skills Training attended by 67 participants • 79 level 7 modules with University of Southampton (UoS) including cancer specific modules (Advances in Cancer Care; Psychological Skills in Cancer) created through partnership working with WCA / UoS • 26 level 7 modules (not UoS) including Fundamentals of Cancer Care at Royal Marsden leading to current work developing a local course for delivery in Autumn 2025 tailored to the needs of Wessex workforce across all care sectors. Feedback highlights the positive impact of the development opportunity for both the professional and the service they provide. Further evaluation due Q2.

Workforce

What did we say we would do?	What have we achieved?
Developing clinical leaders in cancer services: WCA to design / deliver a bespoke leadership development programme for senior clinical cancer nurse leaders of clinical nurse specialists working across Wessex	WCA designed a bespoke programme; aims include: • developing a strategic awareness of the healthcare systems in which they work • exploring compassionate and transformational leadership • developing their ability to re-frame their priorities to influence others • developing their ability to have a voice and be heard at senior levels to influence and lead change. During 2024/25 4 cohorts of senior clinical nurse leaders (37 individuals) across Wessex have undertaken the programme with positive feedback on the impact of the course on themselves and their teams. Full evaluation planned for Q2 2025/26. Further leadership cohorts planned for 2025.26 to include SACT and AOS clinical nurse leads and oncology specialist AHPs. WCA is further supporting the leadership cohorts through the Kings Fund *Shiftworks* offer which has been mapped against ACCEND capabilities.

Workforce

What did we say we would do?	What have we achieved?
Retaining and developing the Therapeutic Radiographer workforce . • Support the retention of the Wessex Radiotherapy workforce through a Wessex wide approach to preceptorship, induction and ongoing competency development. • Improve understanding within Trusts as to the positive impact of the AP / Consultant Practitioner Therapeutic Radiographer with a focus on improved skills mix within the team leading to increased productivity.	Aligning with the Radiotherapy service efficiency work, 2 therapeutic radiographer project managers have: • Reviewed existing preceptorship / induction support for new recruits; report sharing best practice across Wessex, particularly around International Recruitment due end of Q1 2025/26. • Created a competency development template for all 3 centres supporting standardisation of skills development for the registered to enhanced practitioners - current focus on image matching and skin RT techniques. This has also fed into the mapping of Society and College of Radiographer Career and Education Framework against ACCEND capabilities culminating in work which will be taken forward through the national ACCEND working group. • Reviewed all advanced and consultant level practitioners in Therapeutic radiography gathering evidence of impact of role and optimal approach to utilise this workforce to support a skills mix approach to contribute to oncology workforce planning. Recommendations from this scoping due end of Q1 2025/26.

Workforce

What did we say we would do?	What have we achieved?
Develop, fund and project manage a legacy mentor pilot programme with the aim of retaining the knowledge and experience of cancer nurses close to retirement / recently retired to support and develop novice cancer clinical nurse specialists. For full information : Legacy Mentoring Pilot for Cancer Clinical Nurse Specialists - Welcome to Wessex Cancer Alliance	WCA developed and delivered a legacy mentor project funding 4 legacy mentors 0.2 - 0.3WTE in 4 partner organisations (HHFT, UHS, UHD, DCHFT). • To date 44 cancer CNSs have been supported through these roles. • All legacy mentors were retired from their cancer nurse roles but returned through this project to the NHS to support novice cancer CNSs. • National funding was awarded to WCA to support the evaluation of this pilot from the ACCEND programme. • A cancer CNS induction toolkit has been developed to support the novice cancer CNS through the first 3-6 months post appointment. • Evaluation of the first 12 months has commenced and outputs expected end of June so that the team can share their work at conferences / forums. • Feedback to date supports the need for mentoring with at least 2 new cancer nurses commenting that they would not have remained in role without the support of their mentor.

Workforce

What did we say we would do?	What have we achieved?
Support future workforce planning within the **oncology pharmacy workforce** continuing the work from 2023.24 funded by NHSE SE.	• Experienced oncology pharmacist working as a project lead with the WCA for 1 day a week (funded through previous NHSE South-East project) has ensured oncology pharmacy is represented within the SACT transformation plans. • Supported the restart of the South Coast Oncology Pharmacist Clinical Advisory Group promoting sharing of best practice, resources; seeking standardisation of service delivery in addition to valuable providing peer support. • Supported 4 / 6 Trusts to utilise the demand and capacity modelling tool developed by British Oncology Pharmacy Association to highlight current and future workforce challenges within this group. • The lead has delivered career information sessions to trainee pharmacists across HIOW system to support future recruitment into oncology pharmacy roles which is a known current challenge.

Workforce

Patient Benefits

Embedding of the ACCEND programme within our partner organisations, teams and workforce supports the development of end-to-end transformational reform in the education, training and career pathways for nurses, allied health professionals, psychologists and pharmacists in generalist and specialist roles at all levels of practice, supporting people affected by cancer both now and in the future. This will ensure that people affected by cancer receive the best possible quality care and experiences, delivered by professionals who feel equipped and confident with the knowledge, skills and capabilities required across all care sectors. Feedback from the WCA Patient and Public Involvement Steering Group welcome this approach and are supportive of the programme of work to deliver this.

WCA secured funding from NHSE SE programme to support the delivery of Advanced Communications Skills training leading to a workforce better equipped to manage complex and compassionate conversations with people affected by cancer.

WCA has supported a variety of opportunities including cancer specific MSc modules, development days, communities of practice and the QI programme which have shown through feedback to empower the cancer nursing, AHP and supportive workforce to feel confident to review and subsequently change both their and their teams' clinical practice/ service to improve the overall experience of the person affected by cancer and their families.

Funding received from NHSE has been utilised to support development of the cancer nursing workforce to enable service improvements eg set up nurse led clinics building capacity in services and improving overall patient experience.

Workforce

Addressing health inequalities

A reduced and / or novice workforce may not have capacity to fully support people with cancer and so it is through retention of an experienced and competent workforce we will augment the WCA Health Inequalities programme of work supporting equity of access and services for people with cancer across Wessex. The workforce programme includes retention of experienced workforce through legacy mentoring programme alongside upskilling novice workforce through these roles. Feedback from attendees at various WCA development opportunities indicate that the workforce feels valued and inspired through attending these development opportunities, again contributing to both the upskilling and retention of staff.

All WCA development days / forums / cancer MSc modules incorporate a health inequalities (HI) theme within the learning outcomes and agenda to ensure that the workforce consider HI as part of their daily responsibility. Members of the WCA Patient and Public Involvement group regularly attend our development events to challenge, support and guide our workforce as they seek to improve services. This was very evident through the QI programme which was well supported both by a member of the involvement steering group and a side by side member representing the organisation delivering the training. The work-based learning MSc module *Personalisation of Cancer Care* incorporates key aspects of Health Inequalities throughout the course, again supported by members of the WCA Patient and Public Involvement group.

The WCA Workforce and ACCEND Lead for Supportive Workforce has utilised external funding to enable the modification of a national online Cancer Health Inequalities training programme to stimulate the supportive workforce in Wessex to consider how they can contribute to overcoming health inequalities within their role / work area. This was launched end of 2024.25 and will be a focus for conversations with their community of practice in 2025/26.

Involvement and Inequalities

What did we say we would do?	What have we achieved?
Manage a well-attended and impactful Patient/carer involvement group and network Involve a wider diversity of people in our work	• Our Involvement Steering Group makes a significant contribution to our work with more colleagues attending meetings to seek advice on projects. One highlight was the development of the new 5-year strategy which was developed with lived experience from the outset and throughout the process. • Engaging and building trust with minoritised ethnic communities was a major focus. The team have built new relationships with organisations across Dorset and Hampshire/Isle of Wight, attending 21 events and encouraging people to participate in Communities Against Cancer and Know the Signs campaign • Overall, we attended 47 different events, reaching a wide range of people, focused on those most likely to experience a later cancer diagnosis. • We worked with colleagues in the national team to create an impact measurement framework for patient involvement and experience. This has now been adopted nationally and features in the annual planning pack. We expect this will make outcomes from patient and public involvement and experience activities easier to track and report. • We have recently started sharing a quarterly PPI newsletter that demonstrates the difference public and patient voice makes to our work and opportunities for people to get involved. Nearly 150 people already subscribe with read rates of around 70%. • In light of feedback in the Cancer Patient Experience Survey, we ran an engagement event on information for cancer patients and 2 events with cancer support groups, one in Dorset and one in Hampshire.

Involvement and Inequalities

What did we say we would do?	What have we achieved?
Carry out a programme of campaigns and engagement that help increase awareness of cancer signs and symptoms	• Communities Against Cancer increased its coverage to include Dorset as well as Hampshire/Isle of Wight. 36 organisations have applied for funding so far, with 31 applications approved and £57k awarded to enable communities to raise awareness of cancer in ways that are best for them. Organisations supported include minoritised ethnic groups, learning disability groups, organisations supporting people experiencing homelessness and a Gypsy, Roma, Traveller group. • We worked in partnership with Heartburn Cancer UK on an oesophageal cancer awareness campaign which included online and static advertising, radio ads, posters and literature shared with GPs, PCNs, pharmacies and supermarkets across the area. Roadshow events were held in Havant, Waterlooville, Gosport and Weymouth. Nearly 2.9 million people saw the campaign after national news outlets picked up local patient stories. • Our major campaign for the year was 'Know the Signs' which included online and static advertising and partnerships with community groups to share messages with their own communities. Posters and leaflets were distributed via GP surgeries with over 1,700 signs and symptoms leaflets given out. 2 translations of campaign materials were shared. More than 10,000 people were reached through closed Whatsapp community groups. Focus of messaging was the survivability of cancer and the impact of early diagnosis and the campaign was co-produced with target audiences – including men over 50 and minoritised ethnic groups. • We attended 3 training events for carers of people with a learning disability and supported Dorset ICB to commission awareness raising training for paid and

Involvement and Inequalities

What did we say we would do?	What have we achieved?
Develop a clear plan to reduce inequalities in access, outcomes and experience for people across Wessex	• The Alliance committed to becoming a health literate organisation. We produced a policy and action plan and provided training for the whole team. We also set up a reader panel to check our public communications are understandable. 12 people have volunteered to join this. • We reviewed and created patient information in Easy Read and video format for new pathways including PMB on HRT and testicular cancer. • We secured and updated new inequalities training for cancer teams. The 123 Approach is a simple and brief online course that gets people thinking about inequalities and asks them to commit to changing one thing to make cancer care better for everyone. • Our Improving Cancer Care for people with Learning Disability Steering Group has met bi-monthly and worked on projects to improve screening uptake and cancer awareness. • As part of this work, we have partnered with CRUK to include more questions on bowel health as part of the annual learning disability health check. This will go live in 2025 • We continued to work with community researchers to understand differences in experience for Trans+ communities and people with disabilities and/or neurodiversity and are now setting up co-produced service improvement projects based on what people shared. • We worked with DiiS to produce an inequality data dashboard to help us target our work.

Involvement and Inequalities

What did we say we would do?	What have we achieved?
Ensure people's experience of care is understood and influences services	• We continued to support Trusts with the Cancer Patient Experience Survey, including resources free text analysis which provides a rich perspective for improvement areas. • We carried out patient experience projects for the testicular cancer self referral pathway, with Polish gynae patients, the capsule sponge pilot. We also supported a refresh of the local teenager and young adult patient experience survey. • We provided active support to Portsmouth Hospital on their Cancer Improvement of Care Collaborative project on End of Treatment Summaries, supporting a lively and informative patient engagement event.

Involvement and Inequalities

Patient Benefits

Patient benefits were delivered through:

- Increasing knowledge of cancer, its signs and symptoms, encouraging more people to be cancer aware and to seek help earlier, when cancer is easier to treat
- Ensuring lived experience influences our work from the 5-year clinical strategy to the roll out of innovations and new pathways – designing services around actual patient experiences
- Building relationships with groups who experience health inequalities to sustain support and conversations on cancer, meaning our campaigns have more longevity and more people will benefit

Addressing health inequalities

Health inequalities is embedded throughout this work programme and we have sought to both carry out actions focused on those most likely to experience inequalities as well as developing a tactical approach to embedding inequalities across every Alliance workstream. The introduction of training, improvements to EHIA, acknowledgement of health literacy and improvements to our data understanding helps us understand the issues faced by people and what solutions can help make a difference.

Our budgets for 2024/25

Placed Based Budget

Programme	Budget	Actual	Variance	Explanation
Operational Performance	£4,865,192	£4,765,192	(£100,000)	Radiotherapy programme in Portsmouth unable to progress in financial year
Priority Pathways	£121,410	£121,410	£0	Spent in full
Non-Specific Symptoms (NSS)	£902,239	£902,239	£0	Spent in full
Timely Presentation	£1,189,570	£1,189,570	£0	Spent in full
Primary Care Pathways	£1,667,122	£1,667,122	£0	Spent in full
Local Innovation	£1,043,107	£1,043,107	£0	Spent in full
FIT	£52,041	£52,041	£0	Spent in full
Treatment and Variation	£300,081	£300,081	£0	Spent in full
Personalised Care	£1,219,999	£1,219,999	£0	Spent in full
Cross cutting and staff funding	£1,044,555	£1,044,555	£0	Spent in full

Our budgets for 2024/25

Targeted funding

Programme	Budget	Actual	Variance	Explanation
Targeted Lung Health Checks (TLHC)	£10,372,771	£7,406,635	(£2,966,136)	Actual spend includes 24/25 retained amount (totalling £310,945). Underspend due to delay in HHFT not starting programme until H2, and minor operational issues at other Trusts.
Lynch Syndrome	£360,000	£360,000	£0	Spent in full
Liver Surveillance	£370,000	£370,000	£0	Spent in full
Cytosponge	£40,671	£40,671	£0	Spent in full
Colon Capsule Endoscopy (CCE)	£0	N/A	N/A	
GRAIL	£397,000	£297,000	(£100,000)	£100k funding returned to national team
Cancer Vaccine Launchpad	£12,000	£12,000	£0	Spent in full