



Wessex
Cancer Alliance

Wessex Cancer Alliance

2025/26 Budget Planning



Context for 2025/26 budget



- **Service Development Funding** is available to Cancer Alliances to support the priorities in the National Planning Pack. Funding comprises two allocations – place-based (provided to all Alliances on a fair shares basis) and, targeted (provided to a selection of Alliances for agreed targeted projects, linked to delivery of agreed run rates).
- The **place-based funding** is meant to drive time limited, transformation projects within a local geography. Place-based funding is not intended to provide the cost of running day to day cancer services. The majority of the place-based funding consists of discrete projects or support – to enable pilot projects and to review the effectiveness.
- The intention of the funding is to test new initiatives or ways of doing things, or provide targeted support for particular performance challenges.



Context for 2025/26 budget



- For 2025/26 our place-based funding will be **£9.055 million** this compares to a budget of £12.727 million for 2024/25. This was confirmed mid February 2025.
- There has been a clear direction from the National Cancer Programme that funding for 2025/26 should be directed toward Operational Performance and Early Diagnosis. This direction has been used in the development of WCA's draft budget.
- The reduced budget for next year has been achieved through a number of factors:
 - Projects that have reached the end of their duration and will be delivered in different ways
 - Prioritising those projects which directly relate to the national ask
 - Reduction/ceasing of funding as services transition to BAU and need to be commissioned by Integrated Care Boards
 - Reduction in WCA headcount through non renewal of FTCs



Comparison between financial years



Wessex
Cancer Alliance

Programme Name	Sum of 24/25 Budget	Sum of Proposed 25/26 Budget
Operational performance	5,888,841	4,676,422
Operational Performance	4,865,192	4,289,697
Faster Diagnosis Priority Pathways	121,410	136,725
Exiting programme: Non-specific Symptoms (NSS)	902,239	250,000
Earlier Diagnosis	4,352,510	2,485,781
FIT	52,041	61,230
Primary Care Pathways	1,667,122	1,664,182
Timely Presentation	1,189,570	560,745
Screening	450,000	20,000
Health Inequalities	143,107	134,624
Innovation	450,000	-
Exiting programme : Capsule-Sponge	40,671	45,000
Exiting programme: Lynch	360,000	-
Treatment and care	1,520,080	918,608
Treatment Variation	300,081	157,185
Personalised Care, PSFU, Psychosocial support, Prehabilitation, Experience of Care	1,219,999	761,423
Cross Cutting	965,991	974,189
Grand Total	12,727,422	9,055,000



Breakdown of 2025/26 budget

Workstream: Operational Performance

National Programme	Description	Sum of Proposed 25/26 Budget
Operational Performance	Clinical Leadership – CAG / SSG Chairs and meeting costs	140,000
	Data (DiIS Support)	319,708
	DCH support (targeted colorectal nursing)	94,599
	Practice Manager pathway advisor	19,000
	IOW targeted (Tiering) support	300,000
	Operational Performance Clinical and Managerial Leadership (Endoscopy and reconfiguration H&N)	100,000
	Performance Contingency – held back for in year pressures	201,694
	Operational Performance Funding UHD (£346k), DCH (£173k), IoW (£159.5k), HHFT (£159.5k), UHS (£159.5k) PHU (£159.5k)	1,556,999
	Staffing costs (WCA Performance and Service Improvement Team)	857,697
	Pathway Development Upper GI £100k, Brain GPDA £150k, H&N £100k, Breast Pain £200k, Bladder £50k, £50k skin, £50k colorectal	700,000
	Total	4,289,697
Faster Diagnosis Priority Pathways	Clinical Leadership (Dorset only)	30,000
	Staffing costs (CAG and SSG admin support)	106,725
	Total	136,725
Non-Specific Symptoms (NSS) (no longer nationally mandated Alliance spend)	Rapid Investigation Service	250,000
	Total	250,000
Operational Performance Total		4,676,422



Breakdown of 2025/26 budget



Workstream: Earlier Diagnosis

National Programme	Description	Sum of Proposed 25/26 Budget
FIT	Staffing costs (joint funded with CRUK)	61,230
	Total	61,230
Primary Care Pathways	Early Diagnosis Project costs (GP Payments, GP Self Referral, Chest x ray and oral cancer)	455,000
	Staffing costs – WCA Staff	186,182
	LIS and primary care projects (£900k LIS, £123k targeted local interventions)	1,023,000
	Total	1,664,182
Timely Presentation	Communications and Marketing	140,000
	Staffing costs – TLHC, Prevention, Data interpretation, Programme reporting	405,745
	Health checks and Toolkit for Primary Care	15,000
	Total	560,745
Screening	HPV videos	20,000
	Total	20,000
Health Inequalities	Staffing costs	134,624
	Total	134,624
Exiting programmes	Innovation – capsule sponge	45,000
	Lynch Syndrome support	0
	Total	£45,000
Earlier Diagnosis Total		2,485,781



Breakdown of 2025/26 budget



Workstream: Treatment and Care

National Programme	Description	Sum of Proposed 25/26 Budget
Treatment Variation	Project and Clinical Leadership	157,185
	Total	157,185
Personalised Care, PSFU, Psychosocial support, Prehabilitation, Experience of Care	Personalised Care project (Right By You, Dorset and Southampton) AHP Clinical Advisor, PSFU support for each trust.	290,504
	Staffing – Clinical leadership and programme managers	354,320
	Acute Oncology and Personalised Care resource	116,600
	Total	761,423
Treatment and Care Total		918,608

Workstream: Cross Cutting

National Programme	Description	Sum of Proposed 25/26 Budget
Cross Cutting	Staffing costs – WCA leadership team	405,390
	Non-Pay costs – office, hosting, equality and engagement, carer training (Dorset only)	568,799
	Total	974,189
Cross Cutting Total		974,189



Targeted Funding for 2025/26



- Wessex Cancer Alliance requested £12 million for Lung Cancer Screening – this has been reduced to £8.5 million
- Details for the programme are still being worked through, priorities will be:
 - Surveillance patients
 - Sites doing their initial invites – prioritising Dorset and Mid and North Hampshire
- The planned expansion into South East Hampshire will be delayed (was due to go live in 2025/26) and this could also impact the Isle of Wight, due to go live in 2026/27
- For existing sites that have patients ageing into the programme, their invites will be paused
- No details are known about targeted funding expected for Liver Surveillance



Staffing costs adjustment

Change in headcount

Staffing level	Description
8A	Reduction 4 posts (fixed term or hours reduction not replaced).
8C	Reduction 1 post (role picked up by Operational Delivery Network for Children)
Clinical PA	Change from block contract to task specific alignment

- WCA continue to 'host' posts for partners, for example Lung Screening project manager for Dorset and Endoscopy Network lead for HIOW.
- Continuation of core team roles where :
 - Income generating
 - Delivery of core elements of the National Cancer Plan
 - Anticipated high likelihood of delivery requirements in forthcoming 10-year plan for cancer



Impact assessment of key budget reductions



Budget	Area	System Impact	Patient Impact
<u>Operational Performance</u>			
£600,000 Shared across all trusts	Pathway Navigators – ending of two-year initiative for providers to test the impact on pathways.	Providers supported to evaluate impact of Navigators and contribution to improved performance. Posts either now BAU or ended.	Patient facing Pathway Navigators can have a positive impact on reducing equalities in the pathway. PHU and UHD unable to sustain all posts despite positive evaluation. Potential impact on CWT performance.
£652,000	Rapid Investigation Service (RIS) – service will be funded through retained funds and CIP across service.	Continued running of Non-Specific Symptoms pathway for 12 months.	Continued provision of Wessex wide service. Equality Health Impact Assessment in place



Impact assessment of key budget reductions



Budget	Area	System Impact	Patient Impact
Earlier diagnosis			
£220,000	Teledermatology – time limited support given during 24/25	Anticipation that training and one-off investment in year will provide sustainable improvement to access to teledermatology ongoing	Should continue to realise benefits for population less able to travel to hospital sites.
£290,000	Pancreatic focus - funds diverted for Bowel Local Improvement Scheme (LIS) – focusing on innovation in primary care	One-off LIS focusing on the early detection of bowel cancer – is being evaluated to see which interventions have the maximum impact	Different practices are targeting different groups – e.g. focus on Learning Disabilities – impact will be assessed.
£450,000	Screening – used to one-off pilot costs for C the Signs and support for primary care – for example Practice Nurse education	C the Signs being evaluated for onward commissioning. Significant financial impact to Dorset ICB if the service is to be commissioned. Potential impact for HIOW ICB if decision taken to commission without pilot. (No funding in year for WCA funding to HIOW)	Potential benefit under evaluation and will inform future commissioning strategy. Exit as planned in year 25/26
£450,000	Innovation – funds diverted for Bowel Local Improvement Scheme – focusing on innovation in primary care	One-off LIS focusing on the early detection of bowel cancer	Different practices are targeting different groups – e.g. focus on Learning Disabilities – impact will be assessed.



Impact assessment of key budget reductions



Budget	Area	System Impact	Patient Impact
£360,000	Lynch testing – support for CNS time and pathology. Funding responsibility transferred to ICBs in 25/26	Loss of capacity to support patients and families eligible for lynch testing, and reduction in lab capacity to support test processing.	Risk of reduction in uptake, reduction in earlier diagnosis of colorectal and endometrial cancers.
<u>Treatment and Care</u>			
£75,000	Personalised Care Champions – Completion of project – now being embedded in provider	Evaluation complete and service exit planned as BAU	Evaluation complete and service exit planned as BAU
£170,000	Right by You – Half year funding – in discussion with ICBs about long-term future of the service	Cost of pick up of RBY service model for wider population. Resource not yet identified and potential loss of service with consequent increase in demand on health services for some patients with complex needs.	Would have significant risk of inequalities if service withdrawn – fragmentation of care, increase in GP demand and emergency admission. Intervention targeted at homeless, prison and multimorbidity population.
£75,000	Completion of projects – Personalised Assessment in Cancer Care & Health Coaching	One off investment to support resource to develop and upskill workforce.	Retention and transfer of highly experienced nursing workforce. Once invested and trained, resource is retained without ongoing cost impact.



Future scoping

- Some posts have either been deleted (awaiting future recruitment) or have had their hours reduced for 2025/26 to reflect the reduced budget.
- During the course of the year Fixed Term Contracts will be reviewed as the contracts expire and through national turnover, there will be an evaluation of who is best placed to compete the work.
- There is an expectation of future SDF funding (3 years) for Cancer Alliances.