



# DRAFT Cancer Prevention, Awareness & Screening Strategy Refresh

## JHOSC meeting

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Awareness and Screening

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# About the Cancer Prevention, Awareness and Screening Strategy

- The cancer prevention, awareness and screening (PAS) strategy was drafted in 2019/20 to provide a framework for NCL to work towards achieving the ambitions set out in the NHS Long Term Plan. The strategy is being refreshed to **continue delivering against the NCL Cancer System Five Year Aims and Objectives** (see page 3) **and the NCL population health and integrated care strategy**, and **CORE20PLUS5** where cancer is one of the main priority areas.
- The refreshed strategy is co-written by the Cancer Alliance (see page 5) and local authority public health leads across the five boroughs with extensive engagement across the system (see page 7)
- The refreshed PAS strategy primarily focuses on activities that will support **timely presentation** (to primary care), **screening participation** and **delivery of the Targeted Lung Health Checks programme**, all of which contribute towards **diagnosing cancers earlier** (pages 10-13). Whilst it focuses on these three areas, there is recognition of a need for alignment with other interventions focusing on populations that have a high risk of developing cancer and are managed through other cancer programmes/pathways (e.g. surveillance of people with Lynch syndrome).
- The NCL **prevention ambitions and objectives** (see page 9) that relate to cancer are referenced in this strategy however, granular details of how they will be delivered is held in multiple plans across the ICS as they will be coordinated by different organisations.
- The **PAS strategy is accompanied with a two-year action plan** (see page 14) which sets out activities that will be delivered and evaluated, or initiated within this timeframe where an extended length of time is more effective or required to embed activities properly. The action plan will be delivered by multiple partners across NCL and in collaboration with regional colleagues (e.g. NHSE London regional teams). **This delivery model aligns with the approach that is planned for the NCL population health and integrated care strategy** (see page 4).



We have listened to our residents and throughout this strategy, feedback is reflected through stories and testimonials.

# Background: NCL Cancer System Five Year Aims and Objectives

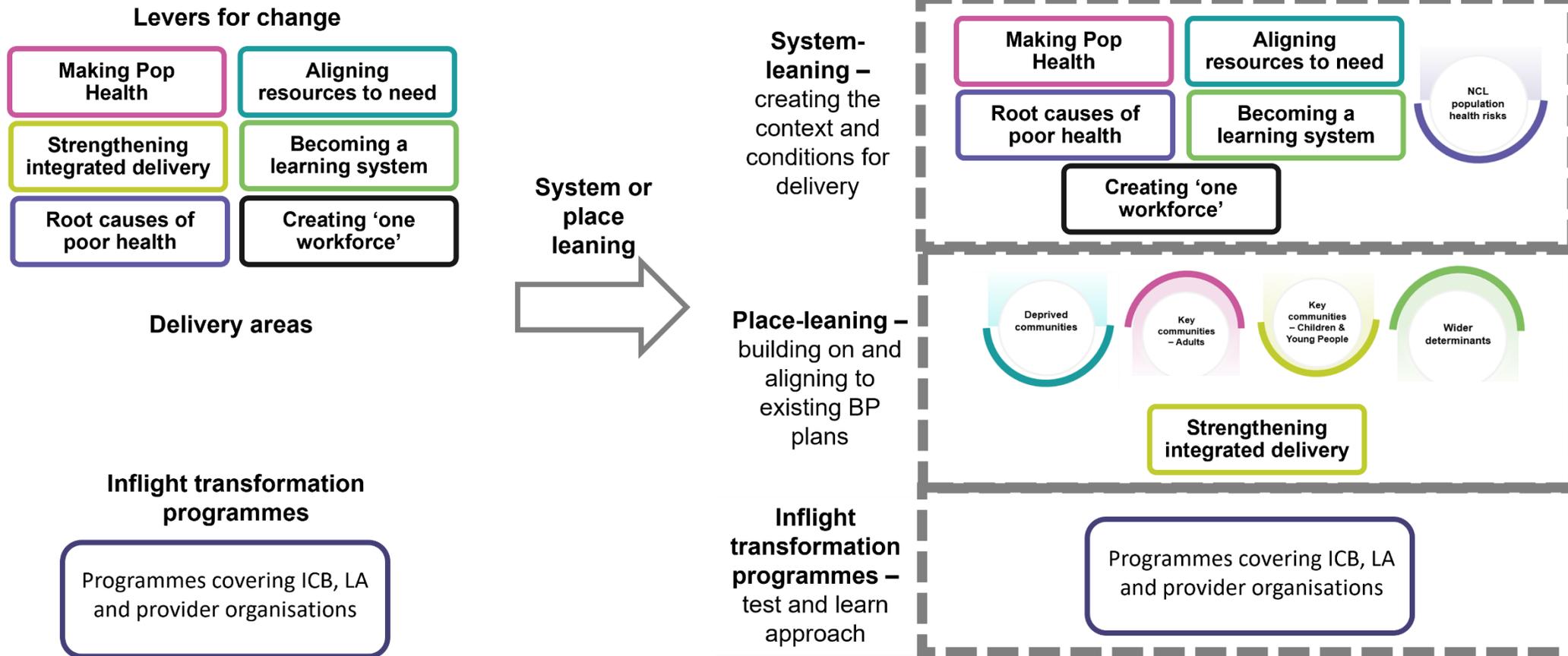
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North Central London  
Cancer Alliance

<p><b>Mission statement</b></p>	<p>Our mission is to continuously improve cancer outcomes for the whole of our population through a high performing, innovative and sustainable cancer system that delivers the best patient and staff experience</p>			<p>This slide summarises the NCL Cancer System's draft mission, strategic aims and objectives.</p> <p>The strategic aims and objectives being addressed by the Prevention, Awareness and Screening Strategy are outlined in red.</p> <p>These link into the national cancer strategy and other local priorities.</p>
<p><b>Strategic Aims</b></p>	<p>SA1. Improve survival, focusing on early diagnosis, and prevention</p>	<p>SA2. Deliver the highest standards of patient experience and improve quality of life</p>	<p>SA3. Support the operational delivery of high performing, innovative and sustainable cancer diagnostic and treatment services</p>	
<p>SA4. Reduce health inequalities across our whole population</p>				
<p>SA5. Ensure we have the right workforce in place and that we deliver the highest standards of staff experience</p>				
<p>SA6. Foster innovative approaches and practice in cancer diagnostics, care and treatment</p>				
<p><b>Strategic Objectives</b></p>	<p>SO1a. Consistently improve five year survival, in line with the 2028 NHS Long Term Plan ambition</p> <p>SO1b. Detect 75% of cancers at Stage I or II by 2028</p> <p>SO1c. Reduce smoking rates, rates of alcohol consumption and the number of people who have excess weight in NCL.</p>	<p>SO2a. Continually improve our performance in the CPES to be in the top quartile nationally by 2028</p> <p>SO2b. Consistently improve quality of life for all cancer patients</p>	<p>SO3a. Deliver and sustain compliance with the 62 day standard by 2028, and 28 day standard by March 2024, with continuous improvement up to then</p> <p>SO3b. Reduce variation in clinical practice across the whole pathway</p>	
<p>SO4a. Continually reduce inequalities across the whole cancer pathway until services are on par across our population</p>				
<p>SO4b. Deliver year on year improvement in our staff satisfaction survey and retention</p>				
<p>SO4c. Identify, support and evaluate a suite of clinical innovations with the aim of contributing to improved outcomes</p>				

# Background: NCL population health and integrated care strategy: Draft delivery approach & alignment to PAS strategy



The two year action plan that accompanies the PAS strategy aligns to the draft delivery approach for the NCL Population Health and Integrated Care Strategy, with a focus on system and place learning.

# Background: Role of the NCL Cancer Alliance

<b>Strategic Objectives</b>	SO1a. Consistently improve five year survival, in line with the 2028 NHS Long Term Plan ambition	SO2a. Continually improve our performance in the CPES to be in the top quartile nationally by 2028	SO3a. Deliver and sustain compliance with the 62 day standard by 2028, and 28 day standard by March 2024, with continuous improvement up to then
	SO1b. Detect 75% of cancers at Stage I or II by 2028 [To add: SO on prevention]	SO2b. Consistently improve quality of life for all cancer patients	SO3b. Reduce variation in clinical practice across the whole pathway
	SO4a. Continually reduce inequalities across the whole cancer pathway until services are on par across our population		
	SO4b. Deliver year on year improvement in our staff satisfaction survey and retention		
	SO4c. Identify, support and evaluate a suite of clinical innovations with the aim of contributing to improved outcomes		
<b>Programme Management</b>	Prevention, Awareness and Screening	Patient Engagement and Experience	Optimising Diagnostic and Treatment Pathways
	Case Finding and Surveillance	Personalised Cancer Care	Performance Improvement
	Primary Care		
	Inequalities		
	Workforce		
	Innovation		
<b>Cross Cutting functions</b>	Analytics / Centre for Cancer Outcomes		
	Strategy development		
	Clinical leadership and expertise		
	Programme management, governance and communications		
	Assurance (performance and quality) (led by ICB)		
	Commissioning (led by ICB)		

NCL Cancer Alliance brings together clinical and managerial leaders from different hospital trusts and other health and social care organisations, to transfer the diagnosis, treatment and care for cancer patients. These partnerships enable care to be more effectively planned across local cancer pathways.

The Alliance is also responsible for overseeing/co-ordinating a range of Cancer Programmes (including, Prevention, Awareness and Screening) and developing strategies.

# Building the cancer PAS strategy

## Identification of objectives

The long list of objectives were identified through:

- 1 Examining available data, reviewing evidence of what works, liaising with providers to understand challenges, gaps and needs.
- 2 Assessing relevant national, regional and local priorities
- 3 Reviewing priorities in the previous version of the strategy that need to be taken forward

## Process for shortlisting objectives

Each of the priorities identified were discussed using the below questions as a guide, and scored according to the following:

- 1 Will the priority improve awareness to help increase participation in cancer screening and earlier presentation?
- 2 Will the priority improve screening participation?
- 3 Does it align with / support the NCL prevention agenda?

Scores were allocated based on the four priority levels below. For objectives that could not be scored, they were indicated as requiring further information or defer until next strategy refresh.

1 – Critical

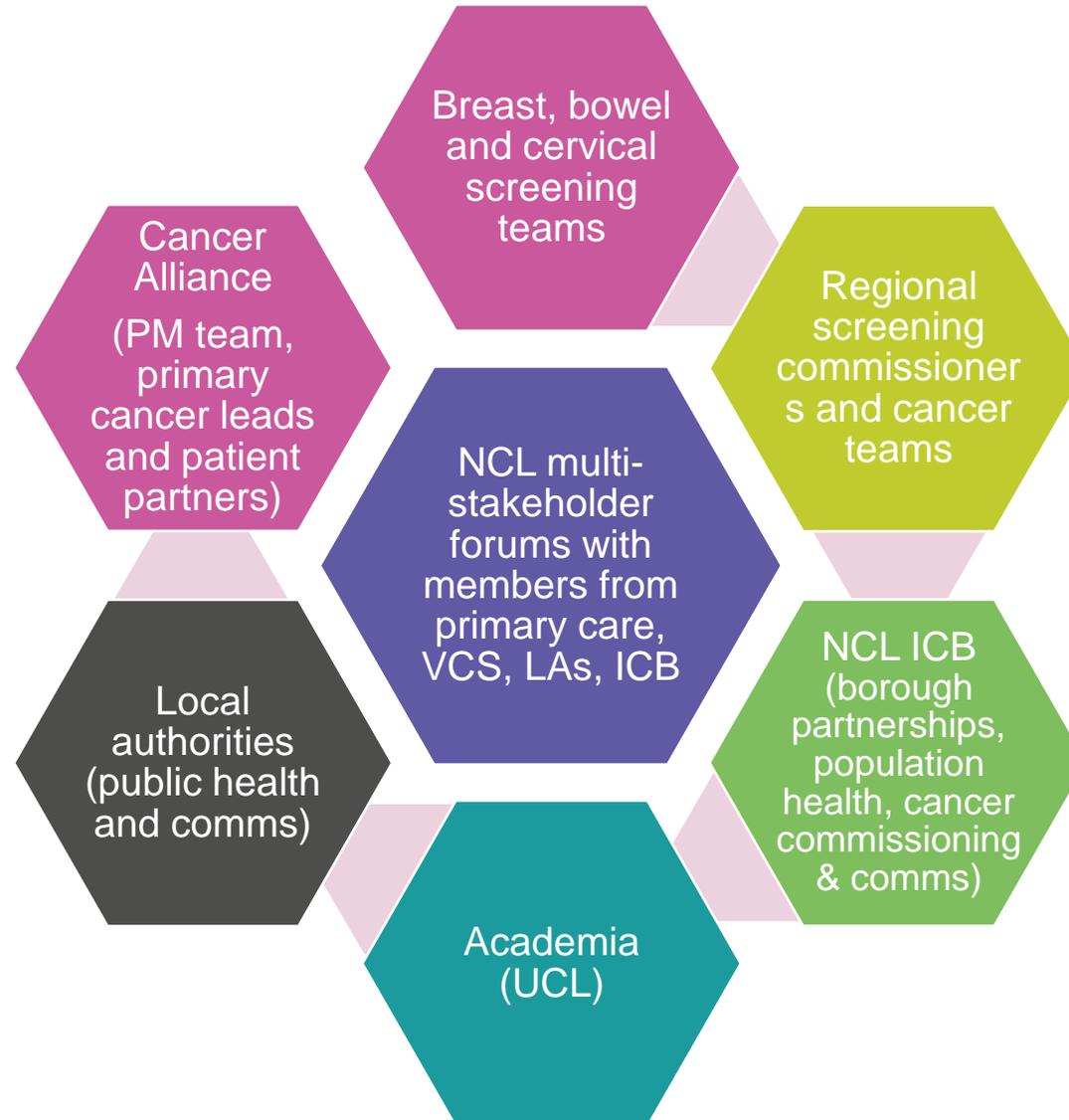
2 – Important

3 – Desirable

4 – Not an objective  
for the strategy

For each objective, a suggestion was made of the delivery approach (borough, NCL, regional or national level) as well as whether it should be taken forward within the next 2 years or from 2025/26 onwards.

# Stakeholder engagement



Various stakeholders at local and regional level were engaged throughout the process of identifying and shortlisting the objectives.

The strategy was co-written by the Cancer Alliance and local authority public health leads across the five boroughs.

# Strategy ambitions

2023

2028

## Prevention

1. Develop a new universal smoking cessation offer.
2. Work to minimise the impact of alcohol on the most vulnerable in our communities.
3. Develop and embed a standardised Making Every Contact Count (MECC) approach across the system.
4. Develop a new in-house support offer for expectant mothers, and their partners.

## Awareness

1. Develop and deliver activities that drive timely presentation to the health system when people have worrying symptoms.
2. Improve awareness of cancer signs and symptoms across NCL.
3. Reduce inequalities in awareness of cancer signs and symptoms between different population groups.
4. Embed cancer awareness raising as part of our work and future strategies that get developed.

## Screening

1. Increase participation in the bowel, breast and cervical screening programmes towards the national targets and closer to the national average.
2. Reduce inequalities in uptake of screening across NCL particularly amongst groups that have lower participation rates.
3. Adapt screening improvement activities in line with national and regional work to meet local needs.
4. Fully roll out the Targeted Lung Health Checks programme and increase participation to achieve the national target.
5. Support the creation of greater alignment between risk stratified case-finding and surveillance services and relevant screening programmes.

# Strategy objectives - Prevention

2023

2028

## Ambitions: Prevention

1. Develop a new universal smoking cessation offer.
2. Work to minimise the impact of alcohol on the most vulnerable in our communities.
3. Develop and embed a standardised Making Every Contact Count (MECC) approach across the system.
4. Develop a new in-house support offer for expectant mothers, and their partners.

## Objective

Incorporate cancer awareness education in the prevention programme

**Delivery partners: NCL ICB, local authorities, NCL Cancer Alliance**

# Strategy objectives - Awareness

2023

2028

## Ambitions: Awareness

1. Develop and deliver activities that drive timely presentation to the health system when people have worrying symptoms.
2. Improve awareness of cancer signs and symptoms across NCL.
3. Reduce inequalities in awareness of cancer signs and symptoms between different population groups.
4. Embed cancer awareness raising as part of our work and future strategies that get developed.

## Objectives

Augment national and regional campaigns and utilise community engagement and social media platforms

Develop network of champions to target population cohorts with lower breast screening uptake

Increase uptake of the HPV vaccine amongst school-aged children

Increase uptake amongst people living in deprived areas and other populations not taking up their invites (Targeted Lung Health Checks)

Improve screening awareness for people with SMI and mental health teams

**Delivery partners: Alliance, NCL ICB, local authorities, NHSE (vaccine team), primary care, mental health teams, VCS organisations, patient partners**

# Strategy objectives - Screening

2023

2028

## Ambitions: Screening

1. Increase participation in the bowel, breast and cervical screening programmes towards the national targets and closer to the national average.
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## Objectives

Engage PCNs with low screening uptake to improve patient participation

Improve screening participation for people experiencing homelessness

Support bowel screening age extension to ensure good uptake in younger age cohort

Support integration of Lynch Syndrome pathway into bowel screening programme

Support introduction of risk stratification within the bowel screening programme

Support lowering of the FIT test threshold from 120ug/g to 80ug/g (bowel screening)

**Delivery partners: primary care, screening providers, Alliance, screening commissioners, NCL ICB, patient partners**

# Strategy objectives – Screening (continued)

2023

2028

## Ambitions: Screening

1. Increase participation in the bowel, breast and cervical screening programmes towards the national targets and closer to the national average.
2. Reduce inequalities in uptake of screening across NCL particularly amongst groups that have lower participation rates.
3. Adapt screening improvement activities in line with national and regional work to meet local needs.
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## Objectives

Support adoption and roll-out of HPV self-sampling within the programme (cervical screening)

Support implementation of extension of cervical screening recall frequency

Expand delivery of the Targeted Lung Health Checks programme to cover the full population

Support over 50% of the invited population to attend a lung health check (uptake)

**Delivery partners: primary care, UCLH, Alliance, screening commissioners, NCL ICB, local authorities, VCS organisations, patient partners**

# Strategy objectives – Screening (continued)

2023

2028

## Ambitions: Screening

1. Increase participation in the bowel, breast and cervical screening programmes towards the national targets and closer to the national average.
2. Reduce inequalities in uptake of screening across NCL particularly amongst groups that have lower participation rates.
3. Adapt screening improvement activities in line with national and regional work to meet local needs.
4. Fully roll out the Targeted Lung Health Checks programme and increase participation to achieve the national target.
5. Support the creation of greater alignment between risk stratified case-finding and surveillance services and relevant screening programmes.

## Objectives

Include cancer screening as part of annual health checks for people with a learning disability

Create a paper light breast screening pathway through regional collaboration

Support implementation of the call and recall administration system to improve uptake (breast screening)

**Delivery partners: RFL breast screening team, primary care, Alliance, screening commissioners, NCL ICB, learning disability & autism teams, patient partners**

# Two year Action Plan

- An action plan has been drafted and will be scoped out further with stakeholders to finalise the **delivery models, resources required, roles and responsibilities as well as governance arrangements.**
- The action plan will **enable delivery of activities against each objective**, and this will be determined by our evolving understanding of what works, resources available/required, learning from ongoing initiatives, feedback from residents, **changing population need and shifts in the health and care landscape.**
- As noted earlier, a **devolved delivery approach** will be taken to ensure activities are localised according to the needs of the communities being targeted. Some activities will be jointly delivered with the regional screening and cancer teams whereas others will be at NCL or place-level.
- A number of **key initiatives will be evaluated** to draw out key learning for application to future work.
- Also set out within the action plan is the **approach that will be taken to sustain activities** that need to be delivered over a longer period.

# Resources to deliver the strategy



## Established funding

The Cancer Alliance has funding earmarked this financial year to support delivery of the strategy. Funding will also be made available next year and the allocation will be increased in line with the expected uplift from NHSE.

The Royal Free London Charity recently invited NCL NHS organisations to submit proposals in collaboration with VCS organisations, for the delivery of initiatives in line with the cancer PAS strategy over the next three years.

The NCL Inequalities Investment Fund have also provided funding of some local projects that are directly linked to this strategy.



## Other resources

There is already great support for delivery of the cancer strategic aims and objectives from ICS partners through ensuring there are leads with responsibility for this work e.g. local authorities have public health consultants and strategists that lead on cancer prevention and early diagnosis for the borough. This resource will continue to support delivery.

The strategy will also benefit from the delivery of other work that is related to cancer, specifically, the prevention strands.

## **Support and input is sought from the JHOSC on:**

1. Whether the PAS strategy and action plan meet the requirements for our system?
2. Whether further approaches should be considered in delivery of the strategy (including additional partners that should be engaged).
3. Thoughts on how to optimise the delivery model which will be devolved but collaborative.
4. Any other reflections or comments about the strategy or action plan.