

## London Borough of Waltham Forest

Report Title	Cancer Deep Dive
Meeting / Date	INEL Joint Overview and Scrutiny Committee 13 May 2025
Report author/ Contact details	Femi Odewale, Managing Director Angela Wong, Chief Medical Officer North East London Cancer Alliance
Public access	Open
Appendices	None
Implications	None
Background information	None



**North East London**  
Cancer Alliance

# Cancer Deep Dive

**15 April 2025 and 13 May 2025**  
**Scrutiny Meeting**

**Femi Odewale**  
Managing Director  
North East London Cancer Alliance

**Angela Wong**  
Chief Medical Officer  
North East London Cancer Alliance



# Improving Local Cancer Services

*“By March 2026, we will drive equity of access to cancer services and treatment outcomes for the population of north east London, through an innovative and ambitious transformation & improvement programme, leading to survival rates being among the best in UK & Europe”*

**Femi Odewale**

*Managing Director, and Angela Wong,  
Chief Medical Officer, North East London Cancer Alliance*

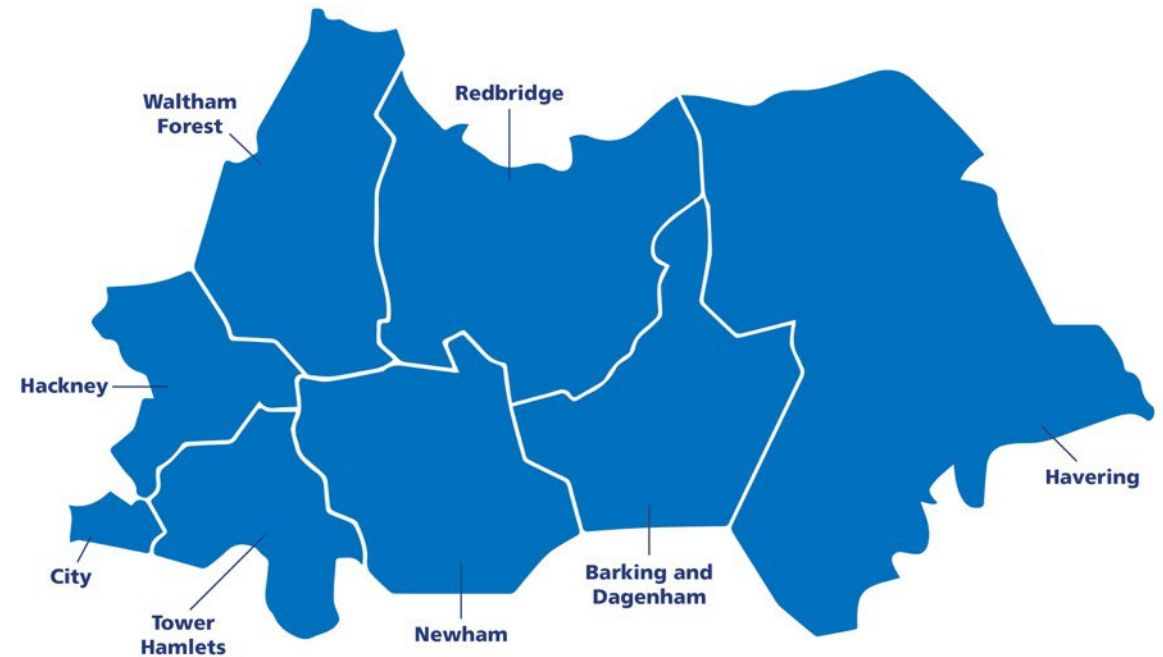


# Introduction to the cancer alliance

The North East London ICB continues to support the North East London Cancer Alliance, which works with acute providers, GPs, local authorities, public health, voluntary and community organisations, and the local population to improve local cancer services and reduce health inequalities.

The aim is that everyone has equal access to better cancer services to help:

- prevent cancer
- spot cancer sooner
- provide the right treatment at the right time
- support people and families affected by cancer.



# Cancer in north east London

In 2023 to 2024

**7,735 people**

**in north east London  
were diagnosed with cancer**

(compared to 8,133 in 2022 to 2023).

## Top cancer types in north east London

Tumoursites	2023/24	%
Prostate	1,421	18.4%
Breast	1,143	14.8%
Lung	882	11.4%
Colorectal	828	10.7%
Haemo	671	8.7%
Urology	546	7.1%
Upper GI	511	6.6%
Gynae	495	6.4%
O-G	282	3.6%
Head and Neck	256	3.3%
Melanoma	237	3.1%
Endocrine	159	2.1%
Brain and CNS	137	1.8%
Unknown	107	1.4%
Bone and ST	60	0.8%



# Cancer in north east London

The total number of people  
living with cancer in north east London in 2025 is

52,979

(compared to 51,588 last year).

## Top cancer types in north east London

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# Cancer in north east London

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In the first nine months of 2024 to 2025 (as data is only available up until end of December),

**66,118 people**

**were referred via the Faster Diagnosis Standard for suspected cancer.**

# Cancer in north east London

Of these,

63,794 people

96.5% - were given the all clear.

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# Performance against national cancer standards

## 28-day faster diagnosis standard

NEL's Faster Diagnosis Standard (FDS) performance in December 2024 improved to 74.84%, falling short of the 28-day diagnostic target and the monthly trajectory. Nationally, a 77% FDS Target must be achieved by March 2025. NEL FDS performance has improved in the last two months and the system remains committed to meeting the operational targets by March 2025.

December 2024	North East London Providers			
Cancer Target	BHRT	Barts Health	Homerton	North East
28 Day - Faster Diagnosis Standard (75%)	78.89	70.97	77.42	74.84

# Performance against national cancer standards

## 31-day decision to treat-to-treatment standard

Achieved 97.20% against the 96% standard. All providers in NEL met and surpassed the standard in December 2024.

December 2024	North East London Providers			
Cancer Target	BHRT	Barts Health	Homerton	North East
28 Day - Faster Diagnosis Standard (75%)	78.89	70.97	77.42	74.84
31 Day Combined (96%)	97.77	96.38	100.00	97.20

# Performance against national cancer standards

## 62-day referral to treatment standard

NEL recorded a performance of 72.82% against the 62-day combined standard in December 2024, achieving the monthly trajectory and above the 70% NHSE 2024/25 Operational Plan requirement. Barts Health and BHRUT met the 62-Day Operational Plan trajectory this month and both BHRUT and Homerton achieved the 70% target.

December 2024	North East London Providers			
Cancer Target	BHRT	Barts Health	Homerton	North East
28 Day - Faster Diagnosis Standard (75%)	78.89	70.97	77.42	74.84
31 Day Combined (96%)	97.77	96.38	100.00	97.20
62 Day Combined (85%)	72.49	69.70	84.40	72.82



# Early Diagnosis

# Cancer screening

December 2024	Borough	2024 - 2025	2023 - 2024
Bowel screening	Barking & Dagenham	56.40%	57%
	City and Hackney	56.80%	57.30%
	Havering	70.50%	70.90%
	Newham	55.40%	54.80%
	Redbridge	62.40%	63.20%
	Tower Hamlets	54.40%	55.10%
	Waltham Forest	61.50%	61.70%

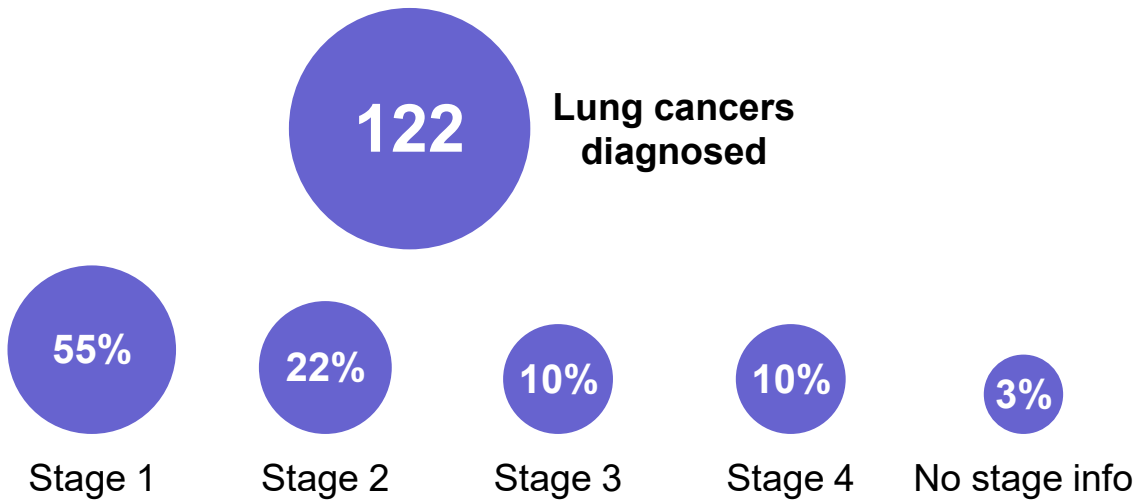
December 2024	Borough	2024 - 2025	2023 - 2024
Breast screening	Barking & Dagenham	63.25%	61.56%
	City of London	45.02%	47.14%
	Hackney	49.38%	46.22%
	Havering	74.38%	76.86%
	Newham	52.58%	45.29%
	Redbridge	70.49%	57.38%
	Tower Hamlets	51.58%	45.10%
	Waltham Forest	65.19%	56.68%

December 2024	Borough	2024 - 2025	2023 - 2024
Cervical screening	Barking & Dagenham	61.50%	61.20%
	City and Hackney	62.60%	62.50%
	Havering	70.30%	70.20%
	Newham	59.40%	59.10%
	Redbridge	58.70%	58.40%
	Tower Hamlets	53.70%	53.50%
	Waltham Forest	65.50%	65.10%

# Lung Cancer Screening

Uptake of lung cancer screening – a free scan of the lungs for 55-74 year olds who have ever smoked – has remained very positive in north east London (this programme was previously known as the Targeted Lung Health Check Programme).

Our lung health check attendance rate was approximately 61%, which is above the national average and also the highest against other London ICBs. Since going live, we have diagnosed over 100 lung cancers, with 77% in stages 1 or 2, as shown below:



Referrals to Stop Smoking also increased due to our Lung Cancer Screening Programme. As a result of the programme, 4,049 patients were offered a referral, 847 patients took up courses, and 308 completed the course (with a quit date confirmed).





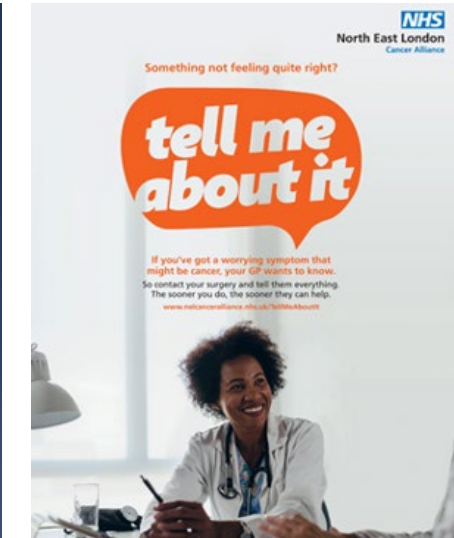
# Early Diagnosis to raise awareness, increase uptake of screening and reduce health inequalities

- **You Need to Know** - recognised by patients and carers at the Cancer Research UK Early Diagnosis Conference as an example of an inclusive and sustainable intervention – has expanded to focus on ovarian cancer as well as womb cancer.
- Pancreatic Cancer Surveillance - Ten patients were referred to **EUROPAC**, a study to learn more about the genetic causes of pancreatic cancer in people with a family history of pancreatic cancer and hereditary pancreatitis (none had been referred in the previous year)
- Support/partnership from Hackney Wick F.C. to take forward the **Its Not a Game** campaign, providing grassroots advertising across NEL and improving links with the local community
- With other London Alliances, we ran a **pan-London cervical screening campaign** with Olympic athletes.
- **Cancer Awareness in Schools** - This innovative project funded by the cancer alliance delivered a series of engaging cancer awareness workshops to Year 10 and Year 11 pupils in secondary schools across north east London. The project has engaged with a number of schools to date, reaching over 5,000 pupils in the last 2 years. It is looking for more schools in north east London to get on board.
- **Breast Screening for Women with an SMI**: 5 out of 16 PCNs successfully launched activity, in collaboration with the North East London Foundation Trust (NELFT), Feedback is being collected from the active PCNs to support and adapt the project as required and it is expected that the project will provide demonstrable metrics in 2025 to 2026.
- **Launched a campaign with CoppaFeel!**, the UK's only breast cancer awareness charity for young people, highlighting that breast cancer can and does happen to young people.



# Early Diagnosis to raise awareness, increase uptake of screening and reduce health inequalities

- **Increasing awareness in the 'White Other' population:** Following insight and codesign work that was undertaken with the Turkish and Turkish Cypriot communities, four interventions are currently under development which include the production of shareable digital assets, showing real people from the Turkish and Turkish Cypriot community in north east London. Information leaflets about symptoms and the three cancer screening programmes are also being created and community ambassadors are being upskilled to spot and signpost on an ongoing basis.
- **Awareness in the Charedi Jewish Population:** Cancer awareness sessions delivered by Achienu Cancer Support (ACS) with supporting literature in Yiddish.
- **Gypsy and Roma Traveller (GRT) engagement:** Many months spent building trust with two groups supporting the community: Friends, Families and Travellers and the Roma Support Group. Recommendation to train GRT health champions and provide cultural sensitivity training to GP receptionists and social prescribers, with 15 health champions to be trained by May.
- **Delivering Grass Roots Awareness projects.** We were pleasantly surprised at the number of small community organisations who were keen to develop interventions to raise awareness of cancer. They are already embedded and trusted within their communities and in an ideal position to reach those who are seldom heard. Of the 31 applications, we have been able to support 16 and have ensured that all boroughs are covered. We have endeavoured to award grants to organisations supporting communities we have not yet worked with, such as; deaf people, the Chinese community, sex-workers, French and Swahili speaking African communities and asylum seekers.



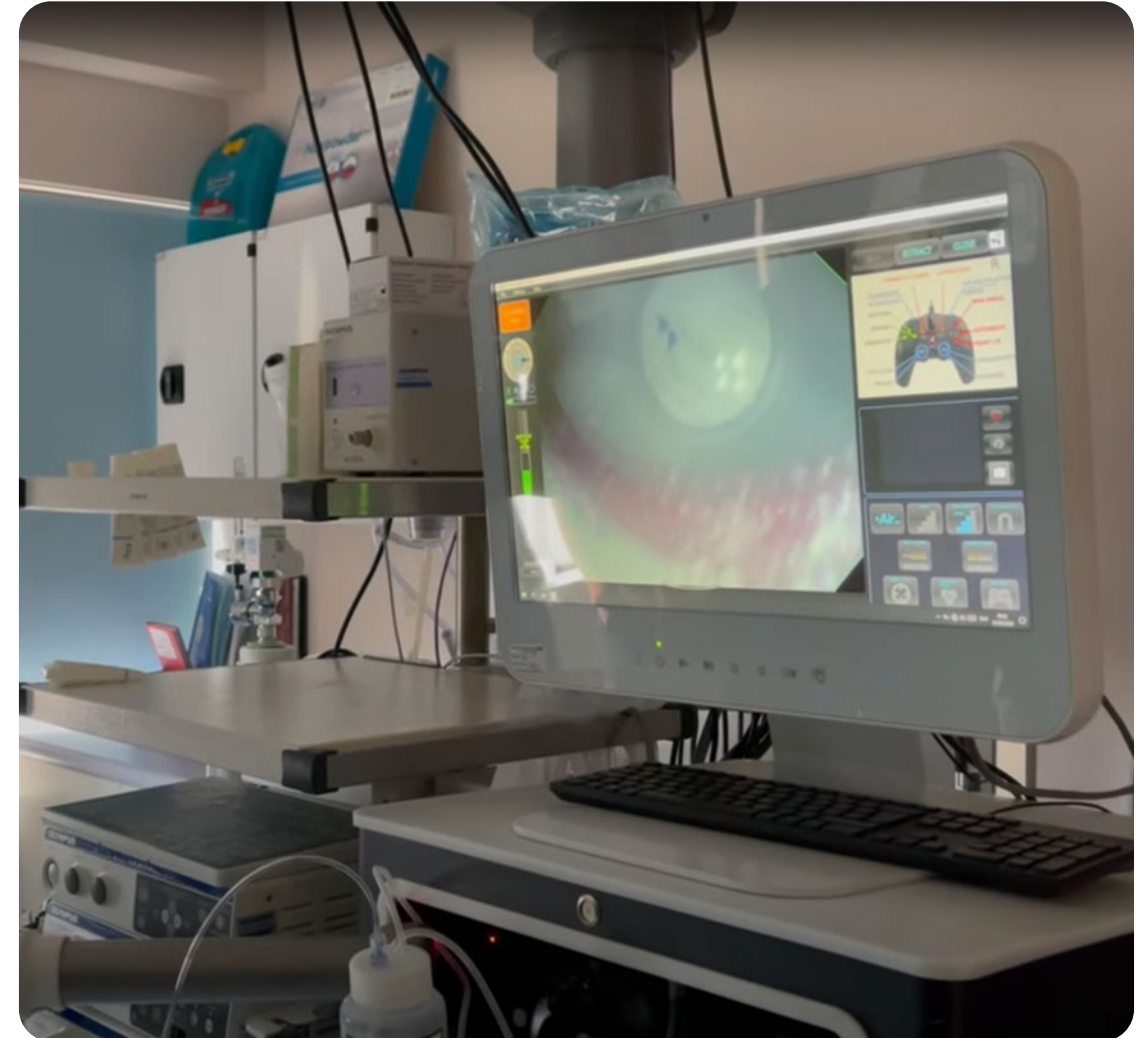


# Diagnosis and Treatment



# Diagnosis and Treatment

- **Use of Artificial Intelligence in Chest X-Rays:** In collaboration with Sectra and Qure.ai, North East London Cancer Alliance has rolled out the use of Artificial Intelligence to help radiologists and reporting radiographers prioritise urgent cases, enhance decision-making, and streamline the patient journey. This has reduced the wait time for chest X-ray results from three weeks to just three days for scans with significant findings.
- Treatment **clinical animations** have been rolled out across all three trusts and beyond Lung tumour sites. Through multilingual clinical animations, we empower patients to understand their treatment options, engage in informed decision-making, and navigate their care with confidence. Focused on underserved communities, the animations remove barriers such as language and health literacy, ensuring inclusivity and equity in access to systemic anti-cancer therapies and clinical trials.
- **Teledermatology:** The Homerton is in the process of implementing the Isla platform to enhance routine teledermatology referrals and enable teledermatology for the urgent suspected skin cancer pathway. Isla will allow GPs to submit high-quality images of suspicious lesions and refer patients to the urgent suspected skin cancer pathway. The platform is currently live for dermatology consultants at Homerton to review routine images, with full implementation for primary care practitioners expected by Q1 2025/26.
- **Histopathology Improvements:** A joint Histopathology dashboard was created. BHRUT has successfully accommodated additional medical posts through reconfiguration, leading to a positive progression in Turnaround Time (TAT) performance from an average of 36.8% in September to 44.6% in December. Both laboratories have adopted email communication and regular service manager discussions, significantly reducing average sample delivery times from 1.9 days in May to 1.1 days in November.



# Diagnosis and Treatment



- **Progress has continued to improve Multidisciplinary Team Meetings (MDT).** These meetings are where a group of health and care staff who are members of different organisations and professions (e.g. GPs, clinicians, nurses) come together to make decisions regarding the treatment of individual cancer patients and service users. The benefit of this is that in cases that are routinely observed by our clinical team, patients get treatment more quickly and, at the same time, freeing up capacity for MDTs is increased for patients with more complex needs, so they can get the specialist levels of support required.
- **Breast Pain Pathway:** Breast Pain Task and Finish Group has developed a NEL Breast Pain Pathway which has been signed off by the NEL Breast Expert Reference Group. The establishment of a Breast Pain Clinic at Barts Health is complete with the first clinic underway in March '25. The Breast Pain Clinic at St Bartholomew's will run alongside the USC clinic initially to allow for safety netting.
- **Oncology:** We have established our Oncology element of the cancer pathway as our focus grows on the variation in treatment observed nationally. BHRUT have been supported to establish the first nurse consultant role for chemotherapy and increase our capacity to see patients as our numbers of treatment patients rise.
- **Gynaecology:** We have introduced a new pathway in NEL to support patients who have unscheduled bleeding whilst on HRT, which will help support patients with a lower risk of cancer. Training and education sessions have been provided by our NEL Gynaecology Clinical ERG (Expert Reference Group) Chair to ensure GPs are aware of the latest information and how best to manage these patients initially within primary care.



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# Personalised Cancer Care



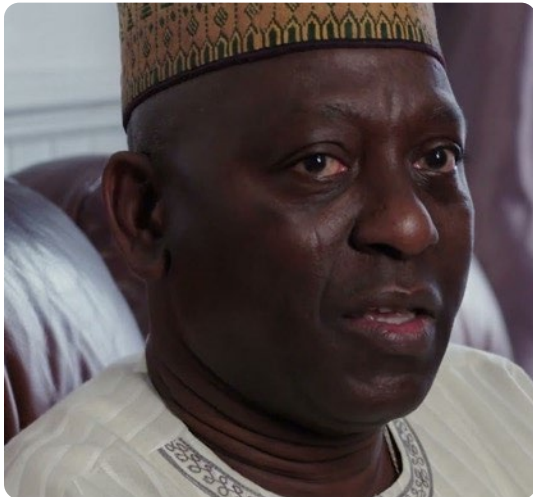
# Personalised Cancer Care

- All NEL Trusts now have operational **Personal Stratified Follow Up** for Breast, Colorectal and Prostate.
- Remote Monitoring System** is live at BHRUT and Barts, Homerton expected in Q4. Dedicated Alliance resource in place to assist Homerton RMS go-live.
- Prehabilitation services** have been sustained at BHRUT, Maggies and Barts Health. We have received great engagement from both the ICB and Trusts in collectively finding a sustainable solution for our prehab services. As well as improving patient experience the benefits to the system include more patients being ready for treatment, reducing length of stay in hospital, improving consequences of treatment and reducing emergency admissions for treatment related emergency admissions. Over 1600 patients have received cancer prehabilitation across NEL allowing quicker routes to treatment and recovery.
- Our **2023 National Cancer Patient Experience Survey** results included improvement in the way that people are told that they have cancer, having families or carers involved in their treatment decisions and getting the right information.

North East London Cancer Alliance		Question	2021	2022	2023	National 2023	Trend	Change from 2022	2023 Difference from national average
03. Finding out you had cancer	Q14	Cancer diagnosis explained in a way the patient could completely understand	75.6%	76.0%	77.3%	76.7%		1.3%	0.6%
	Q15	Patient was definitely told about their diagnosis in an appropriate place	83.0%	85.9%	86.3%	85.5%		0.4%	0.8%
05. Deciding on the best treatment	Q22	Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	72.6%	80.5%	84.1%	83.5%		3.6%	0.6%
07. Support from hospital staff	Q27	Staff provided the patient with relevant information on available support	87.2%	89.7%	91.3%	91.0%		1.6%	0.3%
08. Hospital care	Q38	Patient received easily understandable information about what they should or should not do after leaving hospital	87.3%	87.8%	89.1%	88.3%		1.3%	0.8%
09. Your treatment	Q41_1	Beforehand patient completely had enough understandable information about surgery	86.8%	85.9%	90.5%	89.9%		4.6%	0.6%
	Q41_2	Beforehand patient completely had enough understandable information about chemotherapy	86.1%	84.3%	86.5%	85.6%		2.2%	0.9%
	Q41_3	Beforehand patient completely had enough understandable information about radiotherapy	85.5%	87.3%	89.7%	88.8%		2.4%	0.9%
	Q42_3	Patient completely had enough understandable information about their response to radiotherapy	81.8%	80.7%	85.4%	85.0%		4.7%	0.4%
12. Care from your GP practice	Q52	Patient has had a review of cancer care by GP practice	20.5%	21.4%	23.9%	22.6%		2.5%	1.3%
14. Your overall NHS care	Q58	Cancer research opportunities were discussed with patient	46.3%	48.0%	49.8%	44.7%		1.8%	5.1%

# Personalised Cancer Care

- The number of patients that take up the holistic interventions such as **HNAs** continue to rise along with the number of patients that become suitable for stratified follow-up.
- Strong engagement and collaboration with Place Based Leads in regard to driving forward our **Cancer Care Review QI project** which will become an effective springboard for future primary care-based projects.
- **Psychological** representation now providing input at various NELCA tumour pathway Expert Reference Groups. A training repository has been developed identifying psychosocial courses for nurses, support workers, and AHPs. The repository has been published on the North East London Cancer Alliance website. The Macmillan Liaison Psychiatry pilot started which aims to design a new clinical pathway within NEL to address the needs of cancer patients with SMI to improve access, outcomes and experiences for those with the most complex mental health needs.



- **Oncology Workforce Review in NEL:** North East London has conducted a review of the oncology workforce, revealing potential strategies for enhanced involvement of Allied Health Professionals (AHPs) and pharmacists. Additionally, we plan to undertake a demand and capacity analysis across NEL to pinpoint workforce shortages and determine where to focus our support efforts moving forward.
- **Cancer MDT Enhancement:** The MDT Improvement programme has crafted specialised training and support for MDT chairs and coordinators. Moreover, there is an opportunity to adopt a theatre in education method for our Clinical Nurse Specialist (CNS) workforce, further enriching their professional development.
- **Pan-London Cancer Clinical Nurse Specialist Development Lead (CDL):** Macmillan and NHSE Workforce training and education directorate funded a pilot to lead a Cancer CNS Development Lead programme across London. This project is piloting five Cancer Nurse Specialist Development Lead (CDL) roles; one in each Integrated Care System for a period of two years. The CDL Pilot is an initiative designed to improve cancer care by supporting and developing CNSs.
- **Facilitate the implementation of the ACCEND framework:** Elements of ACCEND implementation will dovetail into the Macmillan London Cancer CNS Development Lead (CDL). In 2024 to 2025 we:
  - Undertook universal engagement with nursing teams and engaging with health & wellbeing events.
  - Explored patient experience and understanding gaps in health & wellbeing regarding signposting patients appropriately.
  - Completed teaching sessions in day units with chemo staff and expanding teaching role to all Trusts and sites.
  - Gathered feedback on educational needs of key cancer staff with a view to develop 6 weekly teaching sessions.
- **Cancer workforce scoping and mapping:** We have commissioned a scoping and mapping exercise which started in Q4. The outputs of the project will inform the development of a NEL Cancer Workforce strategy through 25/26.



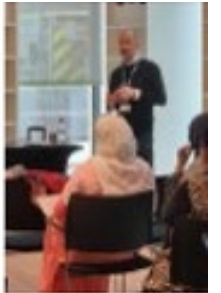
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# Communications and Engagement



# Community engagement

- Attend over **80 community events** in 2024 to 2025
- Engaged face-to-face with over **4,000 residents**
- Have covered all boroughs and a **diverse mix of communities** including Bangladeshi, African and Caribbean, Carers, People with learning disabilities, Faith Groups, Women's Health, Men's Health



# Patient and Carer Community of Practice

- Formal launch event this year
- Grown membership from **10 to over 70**
- Recruitment ongoing to ensure reflects diverse population
- Capturing patient stories – sharing with Cancer Alliance Board





# Support for Patients and Carers

- Developed patient support materials including our **'Ten Top Tips' guide**
- Available as printed leaflets as well as shared via digital channels
- Next step is language and easy read versions
- Promoting uptake of the **NCPES survey** through posters, postcards and digital channels
- Working with **From Me To You**, a grass roots cancer charity that focuses on supporting **Black and African** people with cancer.
- More support for **Carers**



# Podcasts

- Over **10,000 listens, 1,500 downloads** and **100 days** of streaming since our launch last year
- 12 episodes released, a further 10 recorded and many more in the pipeline
- Opened up conversations with more charity partners



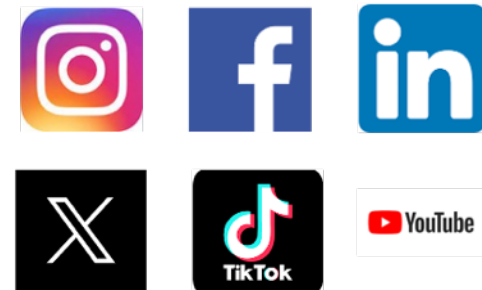
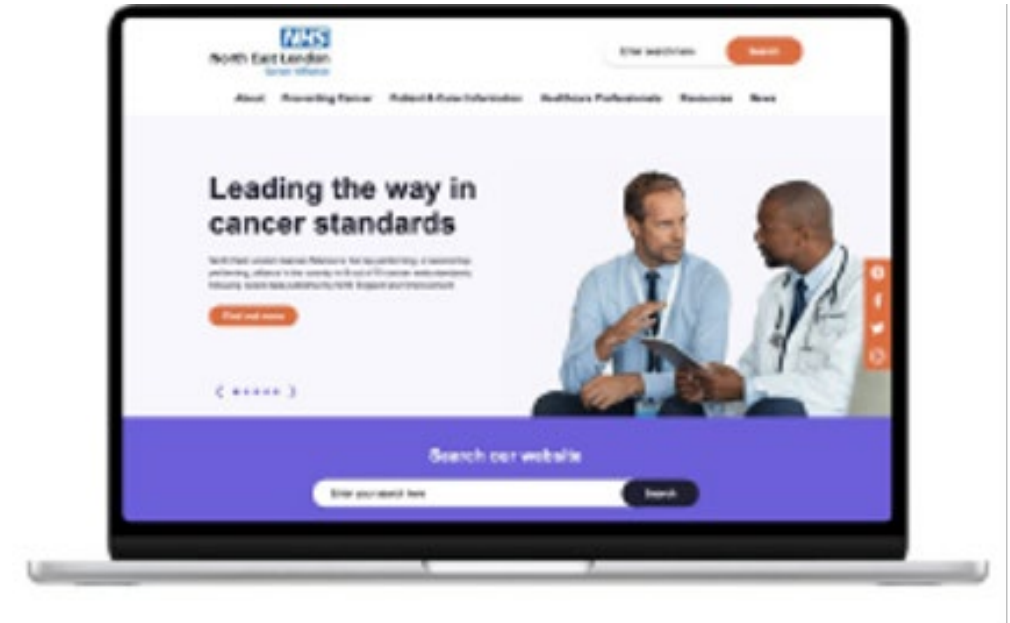
# HSJ Awards

- Shortlisted in two categories last year
- Shortlisted for the **HSJ digital awards** this year
- Guest speakers at the HSJ Cancer Forum two years in a row



# Website & Social Media

- Over **5,000 unique visitors** a month
- Use of Recite Me accessibility toolbar and Checker tool for language and accessibility options
- Organic traffic doubled over the last year
- In February 2025 we reached over **150,000 people** across all channels with over **40,000** people interacting with our content







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# Priorities for 2025/2026

# Priorities for 2025 to 2026

- Operational performance against national cancer standards
- Early diagnosis – shift of diagnosis to stage 1 and 2 when easier to treat
- Uptake of screening programmes, including lung cancer screening
- Reducing health inequalities in cancer diagnosis, treatment and care
- Improvements to priority cancer pathways: urological, gynae, breast and skin
- Optimise the use of artificial intelligence in cancer diagnosis
- Implement national priority recommendations from clinical audit/GIRFT reports to reduce variation in treatment in trusts not meeting the NHS-wide target
- Support for people living with and beyond cancer
- ACCEND: Supporting patient care, performance and productivity through enabling recruitment, retention and upskilling in key roles
- Maintain a comprehensive approach to community and public engagement, ensuring that the diverse voices of local communities are heard and integrated into all work programmes.





**North East London**  
Cancer Alliance

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