South East London
Integrated Care System

Vision

Our vision is to provide high quality cancer services across community, primary, and secondary care to ensure: fewer people are getting cancer; patients receive a timely diagnosis; more people survive cancer; more people have a positive experience in their treatment and care; everyone receives the same high-quality services, no matter who they are or where they live; and more people are supported to live as well as possible after their treatment is over.

Deliverables / Improvements since 2023/24

- **Faster Diagnosis Standard (FDS) performance** has improved and maintained above trajectory for the year, and backlogs remain consistently below national target.
- **FIT tests to support suspected colorectal cancer** referral by primary care - 73% of referrals have a FIT result available within 21days of referral, and 83% of practices now reach the minimum target of 65% of referrals with a FIT result available.
- **Improved population coverage of referrals into our Rapid Diagnostic Clinics** (RDC) - 25% growth in referrals Apr-Oct'24, and 80% population coverage by GP referral.
- **SEL Community Pharmacy Pilot,** involving pharmacists proactively identifying people at risk of cancer, live in selected pharmacies across Lambeth and Southwark.
- **Teledermatology** – improvement from 17% to 27% skin cancer referrals seen through teledermatology, agreed age range increase to 65 y/o for all SEL sites.
- **Mastalgia (breast pain) pathway** live at PRUH as pilot site.
- **FAST team (flexible cancer administrative team – local students)** live at KCH.
- **Targeted Lung Health Checks (TLHC)** – rolled out in Southwark, Greenwich, Lambeth and Lewisham. Improved uptake rate from baseline 30% to 46%.
- **Awareness campaigns launched:** Cervical screening; womb cancer campaign in Black and South Asian communities; Breast Screening campaign in Greenwich; breast and prostate cancer awareness in Black communities (HSJ Award, 2024); and lung cancer and TLHC awareness.
- **Personalised Stratified Follow-Up (PSFU)** for cancer patients is now operational in breast, colorectal and prostate cancer in all 3 hospital trusts.

Key Challenges / Opportunities Remaining

- **Industrial Action & Cyber Attacks** - Over Q1 ongoing industrial action continued to impact capacity at hospital sites. Over Q2 and Q3 the cyber attack on Synnovis significantly affected GSTT and KCH. There was a direct impact on clinical services which in turn had an impact on performance and team bandwidth to support improvement work.
- **Inter Trust pathway transfers**: The SEL system has evolved over time for a large number of pathways to require shared care across multiple providers. This requires pathways and transfer processes to be highly efficient to avoid additional delays. Improving this will be a large focus for the system.
- **Competing Demands**: Cancer pathways touch on many aspects of the healthcare system and utilise the same workforce to drive improvements required and supporting services – e.g. imaging and pathology. System pressures also reduce capacity of organisations to focus on improvement.
- **Increasing referral demand:** demand into our services has been growing by between 5-10% year on year.
- **62 day performance** – 62 day performance has not yet seen the required improvement across the system. This will remain a focus for the system into next year.
- **Pathway Improvements –** Embedding the Mastalgia and Postmenopausal Bleeding (PMB) pathways, as outlined by the national team, will enhance demand and capacity for urgent suspected cancer referrals.
- **Improving Early Diagnosis of cancer:** Our early diagnosis rate (53.0%) is in line with London and England but, well below the Long Term Plan (LTP) ambition of 75%.
- **Improving personalised cancer care:** SEL has 45,000 patients living with and beyond cancer and there are opportunities to improve patient experience of care and quality of life through embedding prehabilitation, rehabilitation, symptom management and other support.

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What are our priority areas for 2025/26 (Max 4)	**Why has this been identified as a priority areas?**

1

Reduce Waiting Times to Treatment – Streamline and improve our pathways to ensure our patients are waiting no more than 62days from referral to receiving a first treatment for cancer. Given the complexities of cancer pathways in SEL, a specific focus will be to optimise pathways shared between multiple providers, ensuring timely transitions, and minimising delays to improve outcomes and patient experience across the system.

- Addressing Inequities in Cancer waiting times.
- Long Term efficiency gains
- National Standards compliance
- Improved patient experience and Outcomes

2

Improving Cancer Screening Rates to Support Earlier Diagnosis – Improve cancer screening uptake and coverage for bowel, breast, cervical and lung (Targeted Lung Health Checks) cancer screening programmes, to support earlier diagnosis of cancer when treatments are more effective, and outcomes are better.

- Reducing Health Inequalities
- Cost-Effectiveness
- Early Detection and Improved Outcomes
- Patient Experience and Awareness
- To support early diagnosis.

3

Embed and Improve Personalised Cancer Care – Support hospitals and primary care to continue to embed stratified follow up, enable patients to access the rehabilitation and support they need to achieve the best quality of life possible, support improvement in the national Quality of Life and National Cancer Patient Experience survey response among SEL cancer patients, and respond to findings.

- Release capacity in cancer outpatient clinics
- Proactive approach to support enables appropriate use of health services
- Ability to enable patients to return to work and roles in society
- Improved outcomes and patient experience
- Address the need for accessible and understandable information for patients

4

Deliver Sustainable Cancer Pathways – With a focus on suspected breast cancer pathways in South East London, enhance efficiency and optimise pathway integration in order to expand capacity and reduce waiting times to better meet patient needs and ensure equity of access across the system.

- Chosen as area of focus for system sustainability workstreams
- Inequity in current pathway lengths across SEL for Treatment
- Opportunities to improve resilience of pathway delivery and workforce
- Financial opportunity to reduce overall system spend on delivering current pathways at a level that supports CWT compliance.

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Priority Area: Reduce Waiting Times to Treatment

Reduce Waiting Times to Treatment – Streamline and improve our pathways to ensure our patients are waiting no more than 62days from referral to receiving a first treatment for cancer. There will be a particular focus on improving processes for patients who need to be transferred between hospitals for treatment (inter-trust transfers or ITTs).

What are the actions we will deliver in 2025/26

- Improving pathways and processes to support faster diagnosis - including embedding teledermatology, mastalgia (breast pain) and post-menopausal bleeding pathways.
- Embedding SEL Inter-Trust Transfer policy and working with South-East London and South-East England partners to refer to treating hospitals in a appropriate manner.
- Work collaboratively across the system to identify and mitigate challenges on highest volume or most complex clinical pathways, including lung, breast, skin and colorectal pathways. This will be supported through data analysis, cancer alliance resource support and targeted funding.
- Continue to work with SEL hospital partners to identify barriers to timely treatment including surgical capacity and oncology treatment delays.

Population Health and Inequalities Impact

- Reduce unwarranted variation in waiting times and outcomes across our population.
- Reducing inequity of access to services by ensuring consistent pathways.
- Supporting patients to attend and reducing Did Not Attend (DNA) rates to improve equitable access/pathway lengths.
- Prioritisation and evaluation will be through the SEL constraints and inequalities dashboard.

System Sustainability Impact

- More efficient use of resources through process improvement.
- Reduce additional and premium costs of delivering pathways.
- Optimising use of non-recurrent funding.
- Reduce time to treatment leading to better health outcomes.

Priority Area: Improving Cancer Screening Rates to Support Earlier Diagnosis

Improving Cancer Screening Rates to Support Earlier Diagnosis – Improve cancer screening uptake and coverage for bowel, breast, cervical and lung cancer screening programmes, to support earlier diagnosis of cancer, when treatments are more effective, and outcomes are better.

What are the actions we will deliver in 2025/26

Improve uptake of the four cancer screening programmes by:
- Rolling out communications campaigns, targeting non responders & communities where engagement is low
- Support implementation of new technologies & age extension in screening, e.g. HPV self sampling in cervical & age extension in bowel screening, digital call/recall and monitoring processes.
- Develop a SEL HPV & Cervical Screening implementation plan, to increase people receiving the HPV vaccination and address barriers in HPV vaccination amongst higher risk and underserved groups.
- Continue rollout of lung cancer screening in Lambeth and Lewisham boroughs.
- Supporting primary care networks and individual practices to improve screening uptake.

Population Health and Inequalities Impact

- Reducing variation in access and early diagnosis of cancer in population groups.
- Increased screening uptake amongst underserved and higher risk groups.
- Build trust in health services through working with communities and faith leaders.
- Prevention & secondary prevention of late diagnosis or development of cancer through screening, smoking cessation in lung health checks, making every contact count and teachable moments.

System Sustainability Impact

- Diagnose cancers earlier, which reduces time in hospital, and the length and complexity of treatments, improves quality of life and increases the number of people back in work.

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Priority Area: Embed and Improve Personalised Cancer Care

Embed and Improve Personalised Cancer Care – widen access to services and resources to support holistic care and quality of life outcomes, working with service users to ensure support meets the needs of our patients and local population.

What are the actions we will deliver in 2025/26

- Evaluate effectiveness / patient experience of PSFU and support expansion.
- Continue the work to widen access to patient centred psychosocial care by:
  - Rolling out integrated model of psychosocial care to include peer support, social prescribing, NHS talking therapies and cancer psychology and provision of education and training to professionals.
  - Education & ongoing support to non cancer professions delivering psychosocial care
- Awareness activities for patients to understand support available to optimise QOL.
- Deep dive into cancer prehabilitation and develop and deliver improvement plan
- Physical activity (PA) and wider resources to include different languages and easy reads.
- Improving effective management of side effects for people on endocrine treatment.
- Reasonable adjustments on the cancer pathway for people with learning disability.

Population Health and Inequalities Impact

- Reducing distress and missing work avoiding trips back to hospital for normal results
- fitting the services around the patient, better uptake of support, increasing overall QOL.
- Prehabilitation – patients regain control and are better prepared for their cancer treatment, quicker recovery, wider positive impact on other long term health conditions.
- Physical activity – impact on cancer prevention and recovery, reduction in side effects, wider reach to include learning disabilities and non English speakers, bespoke PA offers to underserved communities

System Sustainability Impact

- Release clinic capacity
- Appropriate service usage optimisation
- Reduce on the day cancellations, length of stay, complications, other LTC service use
- Physical activity – impact on reducing cancer incidence, side effects of treatment requiring onward referral, positive impact on other LTCs

Priority Area: Deliver Sustainable Cancer Pathways

Deliver Sustainable Cancer Pathways – With a focus on suspected breast cancer pathways in South East London, enhance efficiency and optimise pathway integration.

What are the actions we will deliver in 2025/26

- Evaluate current service configuration across South East London – reviewing pathway length, patient feedback, performance delivery and additional financial support required.
- Work across hospital teams and system partners to agree the "problem statement".
- Work across the system to identify the opportunities for change that support improved patient experience, improved financial and physical pathway delivery in a more sustainable form.
- Understand and implement the appropriate governance and decision-making channels to review these options to reach a system decision.
- Roll out Mastalgia / Breast Pain Pathway

Population Health and Inequalities Impact

- Reduce variation for breast pathway waits to treatment for patients.
- Improve access to specialised care to reduce burden of "anxiety" for suspected cancer diagnosis
- Improve outcomes for patients by improving waits for treatment

System Sustainability Impact

- Reduce additional and premium cost to deliver breast pathways
- Improved resilience of workforce and team – improve recruitment and retention.
- Improve "team" approach to deliver breast pathways.
- Reduce administrative burden to support patients through their care pathways.

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Priority Area	What are the outcomes we are aiming to achieve?	How are we measuring out impact?
Reduce Waiting Times to Treatment	• Reduce Waiting Times to Treatment • Deliver national priorities including sustaining Teledermatology, Mastalgia pathways and PMB HRT pathways. • Deliver local priorities including improving shared pathway performance and ITT practices • Work with system partners in delivering progress against cancer waiting time standards in a sustainable manner with a focus on key local priorities including Thoracic surgery, H&N, Breast and Gynae diagnostics and GI Oncology provision.	• Continuing to review SEL CWT data to monitor progress • Utilise existing SEL ITT review meetings to understand the impact of improvement work being undertaken within all specialities at all SEL providers • SEL governance meetings (Programme Executive Group and Faster Diagnosis Board) regularly review progress against Cancer performance and review against funded programmes.
Improving Cancer Screening Rates to Support Earlier Diagnosis	• Improved uptake and coverage amongst bowel, breast, cervical and lung screening in South East London • Increase number of screen detected cancers diagnosed at stages 1&2 • Improve number of patients from low uptake groups attending screening • Increase accessibility to screening for the whole SEL population • Improve number of HPV vaccinated people in South East London	• Reviewing national and local screening dashboards, including demographic data • Monitoring local vaccination uptake dashboards • Reviewing national early diagnosis data • Audience reach and engagement metrics for communications campaigns
Embed and Improve Personalised Cancer Care	• Fully embedded high quality PSFU pathways for breast, colorectal, prostate and endometrial cancer • Improved uptake of range of quality psychosocial support options • System agreement on improvement plan for access to cancer prehabilitation • Physical activity routinely offered to patients • Patients are comprehensively prepared for endocrine treatment and there is a pathway of support for long-term side effects.	• Quarterly audit of PSFU + qualitative evaluation for staff and patients planned for 25/26 • Confidence scores of non cancer staff receiving cancer training. Referral numbers into NHS talking therapies and social prescribing. • National QOL survey and local patient experience work • Cancer Patient Experience survey (national) and local surveys, focus groups and SELCA patient partner community

Deliver Sustainable Cancer Pathways	• An agreed system decision on how our Breast pathways in SEL should be configured supporting:
	  • Faster suspected cancer pathways for patients referred with suspected breast cancer to reach a diagnosis (cancer or not cancer).
	  • Sustainable pathway delivery that does not require additional external financial resource during the year and provides improved opportunities to attract the workforce to deliver these pathways.
		• Cancer waiting times – Breast pathway (FDS and Cancer 62day)
		• Patient experience – Breast treatment patients
		• Cancer outcomes – Staging, 1 and 5 yr survival.
		• Use of external providers to support pathway delivery

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What do we need from enablers and partners to deliver?

- Further development of informatics and data analysis support to programme workstreams.
- Collaboration on data-sharing agreements to support system-working and population health interventions.
- Workforce planning support on recruitment and retention of key roles in cancer, modelling for future needs and workforce re-design.
- Collaboration on innovation and digital solutions

How will we work in collaboration with our system?

- Collaborative planning and ailgned delivery plans for the system, including codesign of this Joint Forward Plan, the 2025/26 operational plan and SEL Cancer Alliance Delivery Plan.
- Agree use of non-recurrent funding for local priorities with partners.
- Identify opportunities to make every contact count and work with non-cancer services, for example, further development of smoking cessation service available through Targeted Lung Health Checks/lung cancer screening and Teachable Moments pilot in primary care.
- Dedicated programme support for cancer transformaton workstreams and forums to share best practice between system partners.

How will we engage with our population?

- SEL Cancer Alliance has a patient involvement programme which is creating a patient partner community who can engage in different cancer improvement and transformation projects.
- SEL Cancer Alliance team includes a Lived Experience Patient Partner role as a member of the team, to support having patient voice shaping the programme and engaging with patients.
- Community engagement via system partners including public health teams, and supported through funding for community group projects.
- Engagement through charities, including larger national cancer charities, charities linked to specific types of cancer, and smaller local charities.

How will we monitor and share progress?

We monitor and share progress through our governance structures:
- SEL Cancer Programme Executive Board – which has representatives from Executive Leads for cancer across the trusts, SEL ICB, and SEL Cancer Alliance.
- SEL Cancer Alliance Partnership Board – which has wide system representation, including patient partners, third sector, trusts, ICB, primary care, public health.
- Sub-groups and programme boards – each programme area has a sub-board.
- Patient partner community – patients are involved in many of our programmes and projects and we organise specific events to bring patient partners together to share their experiences and hear from projects.
- Evaluations – we will evaluate funded workstreams to enable us to share and build on successes.
- Wider reporting – SEL Cancer Alliance also reports to the NHS England Cancer Programme Team on progress with our projects and workstreams.
- Data analysis – SEL ICB and SEL Cancer Alliance have a range of dashboards to monitor performance.