Cross cutting: Health Inequalities Work Programme tackling inequalities across screening services, signs and symptoms recognition and increased barriers to seeking help.

Timely Presentation

- + Deliver projects encouraging symptom awareness and timely presentation from the public, steered by the Cancer Alliance's Communications and Engagement team.
- + Tackle health inequalities with demographic data insights and produce resources in various languages and formats.
- + Work with each GM locality to deliver early diagnosis messages and engagement activities with their local population.

1. Primary Care

Primary Care Pathways and

- + Work with the 65 GM Primary C Champions to support effective print secondary care on a suspected can
- + Review the Suspected Cancer Refe
- + Collaborate with GatewayC and boards to deliver webinars and stud knowledge and confidence when cancer.

2. Projects

NHSE Funded Projects

Prostate Cancer Case-finding

+ Return to pre-covid levels of prostate cancer diagnosis specifically within at-risk groups whilst improving the outcome, survival and experiences of the Black community in relation to prostate cancer, and reducing late diagnosis.

Pharmacy Referral Project

- + Pilot project to test feasibility and acceptability of direct referral routes by Community Pharmacy into secondary care.
- + Evaluation will include patient, referrers and primary and secondary care experience.



Targeted Lung Health Checks

- + Establish local governance to provide oversight and coordination of programme delivery and expansion
- + Lead on locality engagement to ensure GM stakeholders can support programme expansion
- + Design and deliver communication and engagement projects to increase uptake and participation

3. Programme Governance

Early Diagnosis Programme Board

Steers the Early Diagnosis programme and ratifies decisions to be taken to Cancer Board. Membership includes representatives from GM Cancer programmes, GM Commissioning, Public Health, VCSE sector, and research.

GM Cancer Board

Brings together cancer providers, commissioners, clinicians, people affected by cancer and other colleagues to reflect the entire cancer system.

Co 5 p res inn me ou ea dia

Colon Caps

- + National pilo release cap pathway
- Support pilo
 establish an
 services
- + Ensure pilot efficiently ar the pilot eva

| d GP Education Care Networks' Cancer rimary care pathways into ancer pathway. ferral Forms annually. d GM Cancer pathway udy days, increasing GP's in referring a suspected | | PCN Engagement + Communicate with the PCN Cancer Leads via monthly meetings and bulletin; facilitate communities of practice. + Provide support to meet the requirements of the PCN DES via data searches, education and training resources and funding. + Deliver Quality Improvement training aligned with the PCN DES. | |
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| ot of CCE to + Nat bacity in LGI FDS cyto ot sites to servent and maintain CCE + Sup esta t sites report data mai | | Cytosponge tional pilot of osponge to release pacity of endoscopy vices. pport pilot sites to ablish and intain cytosponge vices | Lynch Syndrome Support GMSAs in improving Lynch Syndrome testing in colorectal and endometrial cancer patients, as per NICE guidance Embed mainstreaming of genetic testing required to diagnose Lynch Syndrome |
| 4. Innovation | | | |
| Local Innovation commissioned projects that esult in novative nethods and utcomes for arly cancer iagnosis. | participa produci dissemi facing c + Work w ensure | inating public- comms. vith providers to clinical pathways vard referral are | FIT + Implement FIT for symptomatic lower GI patients in primary care. + Support PCN's to monitor and achieve IIF target for lower GI cancer referrals. + Produced primary care pathway for Lower GI/FIT and education resources. |