



East Midlands
cancer alliance

Annual Review

2025/26



Achieving World Class Outcomes

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LEADERSHIP FOREWORD



**VICTORIA
MILLWARD**
MANAGING DIRECTOR



**ALASTAIR
SIMPSON**
CLINICAL DIRECTOR



**RICHARD
MITCHELL**
CHAIR

Over the past year, the East Midlands Cancer Alliance has worked with NHS providers, integrated care boards, clinical leaders, primary care, community partners, patient representatives and national colleagues to improve cancer services for people across the region. This annual report brings together the key achievements focusing on the work that is helping more people access timely diagnosis, treatment, support and information.

During 2025/26, EMCA strengthened its governance and delivered a wide range of initiatives across early diagnosis, screening and cancer pathway improvement. This included major public awareness campaigns, primary care education and toolkits, training 135 community leaders, and establishing a diverse network of 25 patient representatives to help shape our work.

We maintained strong performance against FIT CAN04, launched the Days Matter rapid improvement programme and secured and allocated service development funding through a transparent, priority-led process.

Together, these achievements demonstrate EMCA's continued focus on earlier diagnosis, reducing variation and improving cancer outcomes across the East Midlands.

We would like to thank all our partners, clinical leaders, patient representatives and stakeholders whose commitment has made this progress possible. While challenges remain, the foundations established during 2025/26 position us well for the year ahead.

The new National Cancer Plan is a positive development for EMCA, providing clear national direction and a renewed focus on improving outcomes, reducing variation and tackling cancer waiting times.

Its priorities closely align with the work already underway across the East Midlands and strengthen EMCA's role in bringing systems and providers together to drive improvement, spread best practice and target support where it will have the greatest impact.

As we move into 2026/27, we will continue to focus on recovering cancer waiting time standards, improving earlier diagnosis, reducing inequalities, supporting workforce sustainability and ensuring the best possible outcomes and experience for patients across the East Midlands.

Vicky Millward
Managing Director

PATIENT STORIES

Patient voice is fundamental to everything we do at EMCA. By involving people with lived experience in the design, delivery and evaluation of our work, we can ensure that improvements are shaped around what really matters to patients and their families, rather than simply what works for organisations and services. Our patient representatives bring invaluable insight, challenge and different perspectives, helping us identify barriers, reduce inequalities and design better, more accessible cancer pathways. Their involvement keeps us focused on our ultimate purpose: improving outcomes, experience and quality of life for people affected by cancer across the East Midlands.

At just 29 and living a full, active life, Caroline noticed a lump in her neck. She was diagnosed with stage 4 Hodgkin lymphoma, following urgent investigations. Her treatment journey was complex, including severe complications that resulted in septic shock and a stay in intensive care. Despite this, she completed treatment and now reflects on the importance of early recognition of vague symptoms, holistic patient support, and addressing health inequalities.

Since joining EMCA, Caroline has shared her story at our Board meeting, is a patient representative for the Haematology ECAG, and has recently joined the Health Inequalities Steering Group project.

Caroline's Story



John's Story



John's health journey began in April 2020 with digestive symptoms that led to a diagnosis of bowel cancer in December 2020. His treatment involved surgery to fit a stoma, followed by a course of chemoradiotherapy. Later scans revealed a liver lesion, leading to further chemotherapy and targeted treatment throughout 2023, which successfully reduced the tumour and allowed for SABR radiotherapy in December 2023.

Since joining EMCA, John has shared his story as part of our Bowel Cancer Campaigns, to raise awareness of symptoms. He also recently took part in a radio interview, discussing the importance of bowel cancer screening. John is also supporting the project team leading the Cancer Bus Tour in Nottingham this year.

Ana's Story

Ana was diagnosed with left-sided breast cancer in February 2024. She underwent extensive treatment including surgery, chemotherapy, radiotherapy and ongoing therapies, alongside complications and multiple reconstruction procedures. Her experience was physically and emotionally challenging, but support from healthcare professionals, family, Maggie's and peer groups was vital. Reflecting on her journey, she highlights the need for better support after treatment, and the importance of openness and realistic expectations.

Since joining EMCA, Ana has become the patient rep for the Treatment and Care workstream, and recently presented at the annual face-to-face event.



EARLIER DIAGNOSIS AND PREVENTION

Earlier diagnosis remains critical to improving cancer outcomes and reducing pressure across the pathway. During 2025/26, increasing demand and variation in screening and referral pathways reinforced the need for targeted, system-wide action to improve early detection.

EMCA supported a range of initiatives to improve earlier diagnosis and prevention across the region, including:

- Cervical screening improvement engaging 35 GP practices, securing ~1,000 bookings from previous non-responders
- Pancreatic case-finding pilot identifying 1,596 eligible patients across four PCNs
- Community engagement and education, including 223 community leaders trained through Talk Cancer workshops
- Multi-channel awareness campaigns to increase public awareness and support earlier presentation



These interventions supported improved engagement with screening and earlier identification of patients at risk, alongside strengthening system capability to deliver early diagnosis at scale.

Key learning highlights:

- Targeted outreach can significantly improve uptake among non-responders
- Community-based approaches are effective in reaching underserved groups
- Scalable pilots provide a strong foundation for wider rollout in 2026/27

Patients identified through pancreatic case-finding:

1,596

Screening uptake - no. of bookings secured:

1,000

Community reach - no. of community leaders trained:

223

EARLIER DIAGNOSIS CASE STUDIES

Health Inequalities

The programme expanded its Cancer Community Connectors, with ten multilingual volunteers trained via Shama Women's Centre to deliver cancer awareness sessions. They have improved understanding of cancer, including signs and symptoms, and the importance of early diagnosis and screening. They have helped overcome cultural and language barriers, reaching over 200 women from marginalised communities. Focus is now on sustainability, equipping Connectors to continue independently.

The EMCA supported Communities Food and Wellbeing Hub also delivered two events in Leicester and Loughborough: "Feel Good" and "Make Time for Yourself". These events engaged 142 people from diverse backgrounds, including those with long-term health conditions, disabilities, and financial challenges.



Project COMPASS

This project is being delivered as a partnership between EMCA, Cyted, NHSE, Boots pharmacy and independent pharmacies, with funding provided by SBRI. EMCA is one of two cancer alliances nationally taking part. It aims to identify undiagnosed cases of Barrett's oesophagus (BO) and early-stage oesophageal adenocarcinoma (OAC) among people with gastro-oesophageal reflux disease (GORD).

The capsule sponge test is being used as part of the project. While the test has previously been delivered extensively in hospitals and GP practices, this is the first time it has been offered in a pharmacy setting. By positioning pharmacies as the primary point of contact, the project aims to improve access to early diagnosis and reduce inequalities by reaching people who regularly purchase over-the-counter heartburn medication. Across the region, 680 people will be tested. The East Midlands is the first region to begin testing, which is live at two independent pharmacies and two Boots stores.

537


Tests being delivered by
community pharmacies

143


Tests being offered to seldom
heard communities



CRUK Talk Workshops

In partnership with Cancer Research UK and ICBs, EMCA developed a programme of face-to-face and online workshops for community leaders to build confidence in discussing cancer symptoms and screening within local communities, particularly underserved groups.

Over the course of 2025/26, 10 workshops were delivered across the region, training over 150 community leaders. Positive feedback has been received from participants to date, with many reporting that they intend to use the knowledge gained to support conversations within their communities.

12


Workshops
delivered

223


Community
leaders trained

EARLIER DIAGNOSIS CASE STUDIES

Mouth Cancer Campaign

EMCA delivered its first region-wide targeted awareness campaign, working with Oracle Head and Neck Cancer UK, South Asian Health Action Leicester and LLR ICB. The campaign focused on raising awareness of mouth cancer symptoms and the risks associated with shisha smoking and chewing tobacco within high-risk communities in Leicester.

Using digital billboards, buses and materials across GP practices, pharmacies and community settings, the campaign reached more than 3 million people and generated over 10,000 social media impressions. The campaign was also nationally recognised as an example of good practice in targeted community engagement.



>3 million
People reached in
target communities



100%
Positive feedback
about campaign materials



Persistent Heartburn Awareness Campaigns

EMCA worked with three ICBs and Heartburn Cancer UK to deliver targeted campaigns across Northamptonshire, Nottinghamshire and Lincolnshire, raising awareness of persistent heartburn as a potential warning sign of Barrett's Oesophagus and Oesophageal Cancer. Campaign activity included outdoor advertising, social media, community pharmacy engagement and outreach through local community groups.



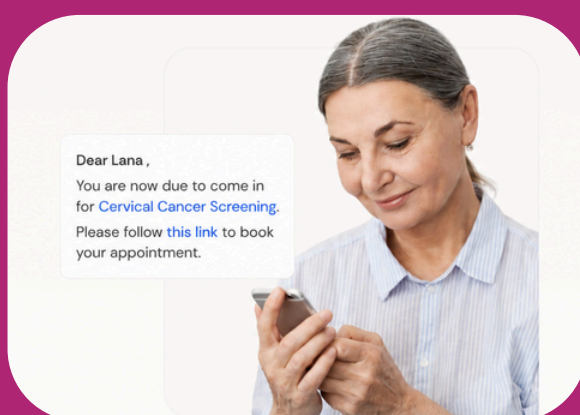
~70
Corby community event
meaningful conversations



~1.8 million
People reached
through activity



Local patient stories also generated significant media interest, including coverage from BBC East Midlands. Early evaluation indicates the campaigns reached around 1.8 million people, demonstrating the value of a tailored, data-driven and partnership-led approach to raising awareness and encouraging earlier action. The campaign also generated around 70 meaningful conversations within the Corby community.



35



GP practices across the
region involved

41%



Booking rate for non-
responders

Appt Health Cervical Screening

Appt Health sends digital invitations on behalf of practices, reducing staff workload and removing barriers such as phone queues and limited booking times. This enables a steady increase in activity without disrupting clinical workflows, offering a scalable way to boost uptake while maintaining capacity.

The system provides:

- Clear, accessible messaging
- Multiple booking options
- A simple patient journey
- Proactive outreach rather than relying on patient action
- Impact so far:
- 35 GP practices involved
- Nearly 1,000 bookings from non-responders
- Booking rates of up to 41%

IMPROVING CANCER PERFORMANCE

Across 2025/26, EMCA worked closely with NHS trusts and integrated care boards across the East Midlands to support earlier diagnosis, improve cancer pathways, strengthen operational grip and share learning across systems. The following spotlights summarise examples of local progress, recognising that many improvements were delivered through partnership between providers, ICBs, clinical teams, primary care, community partners and EMCA programme teams

Nottingham University Hospitals NHS Trust and Nottinghamshire

The Trust continued to be a key area of focus for early diagnosis and pathway improvement. The Lung Cancer Screening programme achieved strong uptake, with Nottingham and Nottinghamshire offering screening to a substantial proportion of the eligible cohort and reporting high early-stage diagnosis. EMCA also supported NUH with Skin AI implementation, harm review policy development, a bowel preparation pilot and targeted performance recovery work across challenged tumour sites.

Sherwood Forest Hospitals NHS Foundation Trust

Contributed to regional improvement through lower GI pathway work and participation in the Days Matter campaign. The quarterly report highlights projected progress on lower GI Faster Diagnosis performance, supported by practical changes to improve patient preparation and reduce missed diagnostic appointments.

University Hospitals of Northamptonshire NHS Group

Progressed digital, skin, gynaecology and community-based pathway initiatives across Northampton General Hospital and Kettering General Hospital. EMCA worked with local teams to support C the Signs rollout, enhanced skin triage, backlog reduction and pathway redesign.



University Hospitals of Leicester NHS Trust and Leicester, Leicestershire and Rutland

ICB delivered a wide range of pathway and community-facing improvement work during the year. UHL worked with EMCA on breast, gynaecology, haematology, HPB, head and neck and urology pathways, including mapping, breach audits, improvement plans and peer comparisons. The system also hosted targeted awareness activity, including the Mouth Cancer Action Month campaign in Leicester.

United Lincolnshire Hospitals NHS Trust and Lincolnshire

The work focused on pathway redesign, MDT streamlining, teledermatology options, lung cancer screening mobilisation, liver surveillance planning and community engagement. EMCA supported ULHT and Lincolnshire ICB to strengthen pathway foundations, particularly where capacity and workforce constraints affected delivery

University Hospitals of Derby and Burton NHS Foundation Trust and Derbyshire ICB

Work focused on developing robust programme oversight, strengthening cancer and diagnostics planning, improving dermatology models, and supporting histopathology, gynaecology, urology, lower GI and breast pathways. UHDB also participated in MDT optimisation through the Upper GI MDT Talent for Care programme.

Chesterfield Royal Hospital NHS Foundation Trust

Supported through targeted improvement planning, particularly around urology, lower GI and gynaecology pathways. EMCA-funded programme management support helped strengthen recovery planning, with additional work through Days Matter and capacity schemes.

Days Matter
Campaign

>10% uplift

50% of tumour sites achieved a >10% improvement in performance

UHL top improver
for 31-Day

+8.9%

UHL was the top improving Trust for the 31-day standard, achieving a year-on-year change of +8.9% from Apr25-Apr26



**days
matter**
An EMCA Project

During 2025/26, EMCA delivered a focused 100-day improvement programme (December 2025 – March 2026) targeting tumour pathways performing below 70% Faster Diagnosis Standard (FDS) across all eight providers.

Days Matter programme was launched to accelerate improvement across 20 cancer pathways where Faster Diagnosis Standard (FDS) performance was below 70%. Working with all eight East Midlands providers, the programme focuses on a small number of high-impact interventions for each pathway, including increasing diagnostic capacity, introducing straight-to-test models, redesigning pathways and strengthening operational oversight.

The programme is already delivering measurable improvement, with 65% of targeted pathways improving by more than 5% against their baseline. Overall FDS performance increased from 70.6% to 71.9%, reaching a peak of 74.8%, while 62-day performance improved by 7.3 percentage points, from 60% to 67.3%. Strong executive and clinical leadership, supported by clear governance and regular performance oversight, has been central to maintaining momentum and delivering improvements for patients.

Nurse consultant led OneStop Haematuria Clinic

Chesterfield Royal Hospital

“The one-stop model has transformed our pathway. Patients are diagnosed faster and FDS performance has significantly improved.”

Nurse-Led Rapid Access Colorectal Clinics

Sherwood Forest Hospitals NHS Foundation Trust

“The nurse led model has transformed how we deliver care, enabling faster access for patients while making better use of our workforce and improving the overall efficiency of the colorectal pathway.”

Time to Endoscopy Improvement

Chesterfield Royal Hospital

“To deliver a responsive, high-productivity endoscopy service where patients move rapidly from referral to diagnosis, supported by optimised capacity and minimal wasted slots.”

Lower GI 3yr Demand and Capacity Modelling

Sherwood Forest Hospitals NHS Foundation Trust

“This model has given us a much clearer understanding of future demand, allowing us to plan ahead and make informed decisions about workforce and capacity.”

**Number of pathways
engaged:**

20

**Number of EMCA
Trusts involved:**

8

**Tumour sites achieving
>5% improvement**

65%

OPERATIONAL PERFORMANCE CASE STUDIES

Breast Pain Pathway

Previously, many patients were unnecessarily referred to urgent cancer clinics, increasing anxiety and demand on services.

The EMBPP enables safe, community-based triage for breast pain, reducing referrals while maintaining high patient satisfaction. Developed across the East Midlands, it is supported by EMCA through a website and toolkit.

Over 88% of patients are discharged after one appointment, with the pathway proving both reproducible and cost-effective, returning £1.26 per £1 spent in year one, rising to £1.56 by year three.



1.56
Cost-to-benefit
ratio in year 3



20%
Of 2WW referrals
redirected



Finalists in the HSJ 2025 Awards for Primary and Community Care Innovation of the Year.

GALEAS Bladder Testing

A molecular diagnostic provided by Nonacus designed to detect bladder cancer from a urine sample, providing a non-invasive, sample-to-report solution.

With financial backing from EMCA, University Hospitals of Leicester are the first NHS Trust to begin their pilot implementation of GALEAS Bladder, launching on 18 May 2026.

An NHS trial, involving 964 patients at seven hospitals in England and Scotland in 2024-25, found that it correctly identified whether 92% of participants had bladder cancer or not, compared with 81% in cystoscopy.

Patients, on average, receive their results in 16 days which is 50% faster than cystoscopy and exceeds the 28-day faster diagnosis standard.



50%



Faster at diagnosing cancer
than cystoscopy

92%



Of cases identified as
cancer or not.

TREATMENT AND CARE PROGRAMME

“From individual MDT improvement to a systematic East Midlands-wide model for MDT optimisation.”

During 2025/26, EMCA significantly expanded its approach to MDT optimisation, moving from targeted improvement within individual MDTs to the development of a systematic, region-wide framework for MDT effectiveness.

The programme achieved strong clinical engagement, improved team communication and collaboration, embedded team charters and Standards of Care, and demonstrated tangible operational benefits—including the elimination of patient carry-over within one streamlined MDT.

Alongside direct support to MDT teams, EMCA established the infrastructure for sustained improvement through an Alliance-wide MDT assessment checklist, 30/60/90-day transformation methodology, clinical leadership and dedicated MDT coordinator and chair development. This provides a strong platform for scaling consistent, effective and clinically led MDT working across the East Midlands in 2026/27.

Strong participation. KGH Breast achieved 84% adjusted attendance, the highest recorded by the programme to date, while the Head & Neck programme achieved 81% adjusted attendance alongside strong engagement and buy-in despite complex cross-site and historical relationship challenges.



Tangible operational improvement. One of the clearest measurable examples was within Northamptonshire/UHN, where approximately 20 patients per MDT had previously been deferred because of time pressures. Following MDT streamlining and the introduction of pre-MDT working, 100% of patients were discussed, with zero carry-over.

Standards of Care embedded. EMCA completed an Alliance-wide review of existing MDT Standards of Care, updating these where required and establishing working groups where standards were absent. MDT streamlining materials were presented through ECAGs, with draft Standards of Care progressed across Urology, Colorectal, Head & Neck, Brain & CNS, HPB, Lung and Skin.

NHSE funding was secured for dedicated MDT Coordinator training and MDT Chair/leadership development through Talent for Care, extending the programme from individual MDT interventions towards building sustainable capability across the East Midlands.

100% Patients discussed
at MDT after
redesign

**84% KGH Breast Programme
attendance**

**81% Head & Neck Programme
attendance**

WORKFORCE ASPIRANT PROGRAMME

EMCA supported systems to strengthen the cancer workforce through targeted investment, regional coordination and enabling scalable solutions:

- Funding workforce development initiatives, aligned to pathway improvement priorities
- Supporting rollout and uptake of the ACCEND workforce framework, increasing regional engagement and consistency
- Securing NHS England funding, including multi-year support for digital competency development
- Enabling new roles, training and skill mix development to support service transformation
- Supporting innovative tools and approaches (including AI-enabled content) to deliver training and engagement at scale

Key learning highlights:

- Targeted funding enables faster adoption of new roles and models of care
- Regional coordination supports consistent capability development across systems
- Scalable digital approaches can enhance reach, inclusion and workforce engagement



ACCEND E-PORTFOLIO

EMCA has fully funded access to the ACCEND E-Portfolio, providing cancer professionals across the East Midlands with a free digital platform to support their learning, development and career progression. Developed and hosted by the Greater Manchester Cancer Alliance, the E-Portfolio enables staff to record their continuing professional development, map their skills against the national ACCEND cancer capabilities and access relevant education and training opportunities.

The platform also supports managers and services to better understand workforce skills, strengths and development needs, helping to build a confident, capable and sustainable cancer workforce for the future.

Registration is quick and easy through the Greater Manchester Cancer Academy.

**Aspirant Nurse
Programme
Views**

>40,400

**Aspirant Nurse
Programme
visitors**

>6,600

The Aspirant Nurse Programme allows participants to have access to training, education, and local experiential learning, to enhance their skills and enable them to apply for cancer CNS roles.

EXPERT CLINICAL ADVISORY GROUPS

Clinical leadership remains at the heart of EMCA's approach. Throughout 2025/26, our 17 Expert Clinical Advisory Groups (ECAGs) brought together clinicians, operational leaders, patients and partners from across the region to provide expert leadership across cancer pathways.

Working collaboratively, the ECAGs identify priorities, share best practice and tackle unwarranted variation, ensuring that improvement programmes are clinically led, evidence-based and focused on making a meaningful difference to patient outcomes and experience.

17

ECAGs operating across the region

83

ECAG meetings & education events

100%

ECAGs supported by annual workplans

£2m+

Education & development via ECAG programmes

Breast ECAG

- Improved consistency of breast cancer pathways through regional review and standardisation
- Innovation and Best Practice
- Adoption of national guidance and emerging diagnostics/targeted testing approaches across the region
- Strengthened system-wide education offer, supporting earlier and more consistent diagnosis in primary care
- Enabled spread of best practice across providers, reducing variation in care delivery

Primary Care ECAG

- Development and testing of primary care-led pilots (e.g. case finding, PSA awareness tools, digital decision support)
- Increased use of patient-facing digital tools and resources, improving engagement and access to information
- Strengthened education and capability in primary care, enabling earlier and more consistent diagnosis

SACT ECAG

- Promotion of consistent treatment protocols and governance approaches across the region
- Strengthened regional collaboration between oncology teams, supporting shared problem solving
- Supported alignment with national standards and safety requirements for SACT delivery

Skin ECAG

- Evaluation of teledermatology and AI models to support earlier triage and improve access to specialist input
- Development of consistent follow-up approaches, reducing variation across providers
- Strengthened regional collaboration and knowledge sharing across dermatology and cancer services

PERSONALISED CARE AND PATIENT EXPERIENCE

Personalised Stratified Follow-Up (PSFU) has been established across the core priority cancer pathways, with some systems going further by implementing pathways for additional tumour sites including lymphoma, kidney, skin and thyroid. EMCA has also undertaken detailed provider-level reviews to identify remaining gaps and support further implementation.

Holistic Needs Assessments (HNAs) are implemented across all providers within the priority tumour sites, helping identify patients' individual physical, emotional, practical and wider support needs.

Greater oversight of personalised care delivery has been established through the development of Trust-level dashboards covering HNAs, personalised care plans, End of Treatment Summaries and patients on stratified follow-up pathways. This is providing greater visibility of variation and opportunities to share best practice between providers.

Patient involvement has been strengthened, with patient representatives embedded into EMCA workstreams and ECAGs. Patients and clinicians have also worked together through 10 workshops to co-design End of Treatment Summary letters for different tumour sites.

Physical activity has become more embedded within personalised cancer care, with all available Moving Medicine training places taken up—90 places across the region—and physical activity conversations increasingly integrated with prehabilitation, workforce training and HNA provision.



Prehabilitation support has been strengthened, including the development of online information and signposting for both patients and professionals, alongside work with system partners to develop more sustainable models linked to community physical activity services.

Psychosocial and community support has continued to develop, including partnership working with Maggie's and other voluntary sector organisations. Nottingham Maggie's reported approximately 13% growth in referrals and visitors over six months and was supporting more than double its originally planned capacity.

Personalised care has gained greater strategic visibility, with a dedicated Living With and Beyond Cancer presence across all tumour-site ECAGs and stronger plans to embed personalised care expectations into provider and ICB accountability arrangements.

**End of Treatment
Summaries Pilot**

+12%

Compliance with end of treatment summaries increased from 7% to 19%

**EMCA Patient
Representatives**

+400%

There are now 25 EMCA patient representatives, an increase of 400% compared to Apr25

PERSONALISED CARE AND PATIENT EXPERIENCE CASE STUDIES

Patient Representatives

In 2025, EMCA launched a formal Patient Engagement Strategy, alongside a targeted recruitment campaign to broaden representation. This focused on increasing diversity across geography, ethnicity, tumour group, age, and lived experience.

This approach resulted in the successful recruitment of an additional 20 patient representatives, bringing the total number of EMCA patient representatives to 25, who have all been supported by a comprehensive engagement and induction package. The programme has strengthened governance and ensured robust, consistent processes for recruitment and onboarding. It also establishes a clear framework to guide and sustain the continued development of patient engagement activity over time.



25
Number of EMCA
patient reps



20
Number of
projects/programmes with
patient rep involvement



**MACMILLAN
CANCER SUPPORT**

25+
Patient partners
involved in design and
testing



6
Cancer tumour-site
templates developed



End of Treatment Summaries

The End of Treatment Summaries (EOTS) pilot explored how automation could improve the quality, consistency and accessibility of end-of-treatment information for cancer patients. Delivered in partnership with the West Midlands Cancer Alliance, Macmillan and national partners, the project brought together patients, clinicians and digital teams to co-design patient friendly templates and test automated production across multiple tumour pathways.

Although the pilot encountered technical challenges, it demonstrated the potential of automation and delivered valuable learning for future digital programmes. EOTS compliance across the East Midlands increased from 7% to 19% during the pilot period, while patient feedback highlighted a preference for the clearer, more accessible summaries developed through the programme.

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Leicester County Hall, Glenfield

WAYS PARTNERS CAN GET INVOLVED

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Together, we will continue to improve cancer outcomes, patient experience and equity of access for people across the East Midlands.