

West Midlands Cancer Alliance (WMCA) Board Briefing Note

Wednesday 28 January 2026

For the attention of WMCA Board Members, Accountable Officers, CEOs, Cancer Managers and Cancer Leads in ICB and provider organisations:

The WMCA Board met on Wednesday 28th January 2025 to review the work and progress of WMCA and its partner organisations. The meeting was chaired by Prof Andy Hardy, Chair WMCA Board. The Board had representation from all West Midlands Integrated Care Systems (ICSs). It also has representatives from NHSE England Screening and Public Health, Healthwatch and patient representation.

Patient Advocate Report:

The work of the Patient Advocates was presented. Two advocates have been nominated to the National Patient and Public Voice Forum. Advocates are increasingly contributing to Expert Advisory Group (EAG) meetings, project work, and health inequality initiatives including the prostate cancer toolkit and related video content. They are looking to support future Cancer Alliance engagement events to share lived-experience perspectives. For further information contact: carolyn.parker3@nhs.net

Performance and Programme Update:

Performance Update:

The Board received an update cancer performance, noting overall improvement across the Alliance. Reference was made to Shrewsbury and Telford NHS Trust and their significant improvement in the faster diagnosis standard (FDS) this year. Across WMCA FDS performance rose to 80.4% above the national average and meeting the 2026 target. 31-day performance remained stable at 91.7% and will require focus ahead of next year's 94% requirement. Although improved the 62-day standard remains challenging. NHS England has identified outlier areas and work is underway with systems and pathway leads to address these. The Board noted continued positive momentum and efforts to reduce variation across providers. For further information contact: andy.field2@nhs.net

Screening Update:

The Board received an update on national and regional cancer screening developments, noting newly published 2026/2027 programme changes and the live national consultation on prostate cancer screening, with decisions expected following its closure at the end of February. Human papillomavirus (HPV) self-sampling for non-responders has been delayed to Q1 2026/2027. Focus continues on rolling out the lower threshold for bowel screening (FIT@80). The Board also noted ongoing delivery of health inequalities projects, with evaluation reports expected by

March and some extending to June. For further information contact: stephanie.beaumont@nhs.net

WMCA Cancer Programme Delivery Group Report:

The Board received an overview of programme delivery and operational progress, noting submission of the Quarter Three assurance report. Current programme updates include review of lung cancer screening trajectories for 2026/2027, accelerated progress in liver surveillance and ongoing work in treatment and care. For further information contact: Debra.palmer2@nhs.net

WMCA Planning 2026 / 2027:

The Board received an update on the Cancer Alliance Planning Guidance 2026/2027, noting some misalignment with wider NHS planning cycles, which continues to create operational challenges. Systems and providers have been asked to initially submit pathway improvement plans by 4 February. National guidance requires that half of service development funding is directed toward operational performance, pathway improvement, and workforce. The Board also noted ongoing challenges in fully commissioning non-specific symptom pathways and the need to incorporate forthcoming expectations from the National Cancer Plan, due for publication on 4 February, into future planning cycles. For further information contact: sarah.hughes25@nhs.net

Life Sciences Hub Update:

The Board received an update on the Life Sciences workstream, which aims to enhance pathway improvement by making co-ordinated use of support from life sciences companies. The Alliance has identified priority challenges and invited targeted proposals, receiving 28 to date, which are being reviewed with clinical leads. Proposals cover a wide range of pathways with some ready for scale and others needing further discovery work, representing an estimated £2m in potential support. For further information contact: sarah.hughes25@nhs.net

WMCA Optimisation Offer:

The Board received an overview of the proposed Optimisation Offer, which sets out a revised operating model for how the Cancer Alliance will work with providers in light of changing national and regional requirements, including new medium-term planning guidance and the forthcoming National Cancer Plan. The offer incorporates enhanced support for priority pathways, GIRFT-aligned 30/60/90-day improvement methodology, and opportunities from Life Sciences partnerships, alongside MDT improvement and quality review work. For further information contact: john.elliott18@nhs.net

Better Endings: Automation to create treatment summaries in Cancer Care:

The Board received an update on the End of Treatment Summaries (EoTS) programme. An automated approach has been developed with Macmillan and the Midlands Cancer Alliances. This uses routinely collected data to generate accessible summaries, reducing production time

and increasing completion rates, with strong feedback from clinicians and patients. The programme aligns closely with national cancer plan priorities and is expected to particularly benefit patients most affected by health inequalities. For further information contact Joanna.fairhurst4@nhs.net

PSFU Evaluation:

The Board received the findings of the Personalised Stratified Follow-Up (PSFU) Audit, which confirmed strong progress with most priority pathways now live and no patients lost to follow-up. Since 2019, PSFU has freed over 45,000 outpatient appointments—generating more than £6m in potential savings and supporting carbon-reduction goals—and patient satisfaction remains high. The audit recommends expanding PSFU coverage, stabilising the workforce through substantive funding, improving digital systems and coding, and strengthening engagement, with alignment to national work on end-of-treatment summaries and emerging FDP-linked digital PSFU platforms. For further information contact Joanna.fairhurst4@nhs.net

Business and Governance:

Clinical Cabinet Report:

The paper was taken as read due to ratification at the Clinical Cabinet and included details on all papers ratified since November 2025. Guidelines approved in recent meetings included:

- PSFU Guidelines Haematology
- PSFU Guidelines Skin
- PSFU Guidelines Breast
- PSFU Guidelines Colorectal
- PSFU Guidelines Prostate
- WMCA Personalised Care Standards,
- Prehab framework
- Cancer Care Review Standards
- Urgent Pelvic Ultrasound Request Form
- USCR Form
- USCR Form - Suspected Uterine Cancer only
- Post-coital bleeding guidance
- Tamoxifen and investigations
- WMCA Guidance for Ovarian
- WMCA Guidance for subtotal hysterectomy and vaginal bleeding
- NSS MDT Standards of Care
- NSS EAG Terms of Reference
- Direct Access form for endoscopy/ capsule sponge
- Urgent Suspected Cancer Referral Form for Upper GI Cancers

Investment Committee and Finance Report:

The Board received an update from the Investment Committee. Remaining in-year funds have been directed, as instructed nationally and regionally, toward operational recovery and

performance improvement through tiering processes and local system bids. For further information, please contact: rwh-tr.wmca-finance@nhs.net

Any Other Business:

No other business was noted; therefore, the meeting was closed.

FOR REFERENCE:

For further information please contact: Sarah Hughes, Managing Director, Midlands Cancer Alliances, email: sarah.hughes25@nhs.net,

Date of next Board Meeting: The next meeting of West Midland Cancer Alliance will be on Wednesday 25th March 2026 (10am – 12pm). This meeting will be held face-to-face only. Please find below a table showing you who your West Midlands Cancer Alliance ICB representatives are:

ICB	Cancer Alliance Board ICB Representatives
Coventry and Warwickshire	Joseph Hardwicke / Richard Rawlinson Joseph.hardwicke@uhcw.nhs.uk / richardrawlinson@nhs.net
Staffordshire & Stoke-on-Trent	Gary Free / Helen Ashley gary.free@nhs.net / Helen.Ashley@uhnm.nhs.uk
Birmingham & Solihull	David Peake / Martin Richardson David.Peake@uhb.nhs.uk / Martin.richardson@uhb.nhs.uk
Hereford and Worcestershire	Mari Gay / Angus Thomson marigay@nhs.net / angus.thomson1@nhs.net
Shropshire, Telford & Wrekin	Ned Hobbs / Gareth Wright Ned.hobbs1@nhs.net / gareth.wright3@nhs.net
Black Country	Diane Wake / Gail Fortes-mayor d.wake@nhs.net / g.fortes-mayer@nhs.net