Cancer Strategy for Northern Ireland

Progress Report

March 2022 – March 2026

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Minister's Foreword

I am pleased to present the first progress report on the implementation of the Cancer Strategy for Northern Ireland. The Strategy published in March 2022, sets out a clear vision for transforming cancer services over the next decade.

The Cancer Strategy sets out 60 high-level recommendations across four key themes to drive strategic change and ensure the delivery of the best possible cancer services and patient outcomes, both now and in the years ahead.

I have been clear that implementing the Cancer Strategy remains a priority for me during my term as Health Minister. Whilst I have not achieved all that I would have wanted to at this stage, given the challenging financial circumstances we have faced and the investment that has been available, I have been determined to drive forward implementation of the Strategy. More remains to be done and this will require further investment to ensure my Department can deliver the ambitious actions set out in the Strategy and drive the service reform that is urgently needed.

With increased demand for cancer services, sustained workforce pressures and a significantly constrained budgetary position, we have had to carefully manage the implementation of the Cancer Strategy. Despite the many service challenges we face at this time, I am pleased to report that significant progress has been made across a range of actions, many of which are already delivering clear benefits for those affected by a cancer diagnosis.

Service transformation is key, and the early diagnosis and timely treatment of cancer remain at the forefront of our response. I am pleased that we have now launched Northern Ireland's first Rapid Diagnosis Centres, which are already helping to accelerate the detection and treatment of cancers and other serious conditions presenting with vague but worrying symptoms. We have also developed new

regional standards for Adolescent and Young Adult cancer services and invested in stabilising oncology and haematology services across the system.

A strategic review of radiotherapy services has been completed, and further work is underway to ensure that people affected by suspect breast cancer have equitable access to high-quality services regardless of where they live.

In addition to these achievements, we continue to progress a number of priority work areas designed to enhance cancer services both now and in the future. I want to acknowledge the invaluable contribution of staff across the Department of Health and the Health and Social Care system. Their commitment and professionalism have been instrumental in driving forward the implementation of the Cancer Strategy and in delivering better outcomes for people across Northern Ireland.

Mike Nesbitt
Health Minister Department of Health

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1. Introduction

1.1 The Cancer Strategy for Northern Ireland and its Funding Plan 2022-2032 were launched on 22 March 2022. The Strategy outlines sixty high-level recommendations that will enable transformational change in cancer services over the next decade.

1.2 The recommendations cut across four key themes:

- Theme 1: Preventing Cancer - reduce the growth in the number of people diagnosed with preventable cancers
- Theme 2: Diagnosing and Treating Cancer - to improve survival
- Theme 3: Supporting People to Live and Die Well - to improve the experience of people diagnosed with cancer
- Theme 4: Implementing the Strategy

1.3 The Cancer Strategy Progress Report provides an overview of the progress achieved in implementing the Strategy's actions from its publication in March 2022 through to March 2026. It also outlines the Strategy's strategic priorities and enablers, which are detailed in **Annex A**.

1.4 During the first period of Cancer Strategy implementation, we have had to manage significant service challenges across the Health and Social Care (HSC) system. This has affected the pace of progress, as implementation has taken place alongside substantial work to rebuild our health services following the Covid-19 pandemic and the rollout of encompass, the electronic patient record system, one of the most significant digital health transformation projects of our time.

1.5 With increased demand for cancer services, sustained workforce pressures and a significantly constrained budgetary position, we have had to carefully manage the implementation of the Cancer Strategy to ensure we could deliver the greatest possible impact within this challenging service context. While

funding allocated to date has allowed some work to progress on implementation, it has not matched the levels of funding required, as identified in the Cancer Strategy Funding Plan. Further detail is provided in Section 4.

1.6 This has not deterred our dedicated staff across the HSC, nor the many stakeholders and partner organisations in the community, voluntary and charitable sectors who continue to strive to deliver the best possible cancer services.

1.7 Delivering reform in cancer care is a key priority for the Department of Health. This is in line with the vision set out in the Cancer Strategy to ensure that everyone in Northern Ireland, wherever they live, has equitable and timely access to the most effective, evidence-based referral, diagnosis, treatment, support and person-centred cancer care.

1.8 The Cancer Strategy was developed with a strong ethos of involvement, recognising that "in order for the delivery of the Strategy to be realised over the next decade, collaboration and co-production will be crucial."[1]

1.9 The next phase of strategy implementation will build on the input provided by lived experience representatives, who are actively involved in the Cancer Strategic Advisory Forum and Cancer Programme Steering Group meetings, as well as in project workstreams and clinical forums.

1.10 A strong focus on increasing the inclusion and diversity of service users will help ensure we continually improve strategy delivery, with patient representatives fully engaged. We want to ensure that everyone feels they have the opportunity to contribute to the improvement of cancer services as we move into the next phase of Strategy implementation.

[1] *Outlined in sections 19 & 20 of the HSC Reform Act and associated PPI Guidance Cancer Strategy p. 114.

1.11 Building on this, strong progress has already been made across a range of actions, which are contributing to service transformation and improved outcomes for those affected by cancer.

1.12 While we recognise that much more remains to be done, we will continue to work with people to support them in managing their own health and improving prevention. We will also focus on enhancing the quality of services experienced during investigation and treatment, and on reducing the time people wait to access our services. Despite a challenging funding outlook, our ambition remains to drive forward the implementation of the strategy to improve both the experience and outcomes for those on cancer pathways.

2. Strategic Context

2.1 The Cancer Strategy does not stand alone. Its implementation is closely aligned with a range of wider health and policy frameworks and strategies that collectively shape the future direction of the Health and Social Care (HSC) in Northern Ireland.

2.2 The HSC 3 Year Plan published in December 2024 and HSC Reset Plan published in July 2025 set clear strategic priorities to stabilise, reform and improve delivery across the HSC, with implementation of the Cancer Strategy and improving delivery of cancer services being a priority element.

2.3 New oversight and governance arrangements have been established to support this strategic agenda. This includes new structures and governance arrangements that will allow for improved collaboration, effective decision making and ensure delivery at pace.

2.4 Therefore, the role, remit and membership of the Cancer Programme Board, established in 2022 to oversee the implementation of the Cancer Strategy, were reviewed, resulting in its reconfiguration as the Cancer Strategic

Advisory Forum. This new Forum is designed to align with and support the overarching reset governance and advisory arrangements.

2.5 This approach is in line with other updated governance and oversight arrangements currently being progressed across the Department of Health to ensure the most effective structures and decision-making approaches are in place to support the delivery of Departmental strategic priorities.

2.6 The updated Elective Care Framework (ECF), published in May 2024, sets out the Department's strategic roadmap for reducing waiting times over the next five years.

2.7 The ECF Implementation Plan, which was published in May 2025, is the overarching action plan to reduce cancer waiting times in Northern Ireland. It outlines a range of actions which are currently being taken forward in 2025/26 and beyond to address the issues impacting waiting times.

2.8 The Plan outlines a combination of measures to tackle waiting lists, including maximising existing infrastructure, increasing core capacity across a range of specialties and partnership working with the independent sector. An updated Implementation Plan for 2026/27 will be published shortly.

2.9 Together, these actions aim to narrow the demand capacity gap, support service reform and reduce the backlog of patients currently waiting. The plan also sets out how allocated funding will be directed across the seven themes within the updated ECF to ensure resources are targeted for maximum impact.

2.10 In line with the Programme for Government, the Executive earmarked funding in the Department's budget of 2025/26 for waiting lists. The ECF Implementation Plan details how this will be spent, with £85m allocated for Red flag cancer and time critical treatment.

2.11 The actions in response to reducing cancer waiting times under this Programme for Government strand are also currently being progressed under a range of initiatives through the ECF Plan, within the funding available.

2.12 Notably to support cancer diagnostics and treatment, there has been investment in:

- Endoscopy (£13m) - this will see investment to resource all un-commissioned sessions by March 2026, followed by subsequent expansion into 50 week, evening and weekend working.

- Diagnostics (£12m) - this will potentially deliver continuous multi-annual expansion of CT/MRI sessions up to March 2029.

- Multiple Specialties including Urology, Breast, Dermatology and Gynaecology will receive investment to reduce waiting times for Red flag and time critical patients and meet targets.

- Systemic Anti-Cancer Therapy – recent funding will significantly reduce the long-standing 20% gap identified in the haematology oncology stabilisation plans and support improved performance against the 62-day target. With increasing service demand further investment will be required to support the delivery of these services.

- We are also increasing the number of Cancer Nurse Specialists posts that are absolutely essential to supporting patients ensuring that every individual receives expert guidance and continuity of care throughout their treatment journey. While further growth is needed to fully meet demand, these developments represent an important step forward.

- Recognising the need to make services more accessible, we are funding the expansion of Phlebotomy Hubs across Northern Ireland. This will allow

patients to receive essential blood work closer to home, helping reduce pressure on cancer centres and streamlining access to SACT clinics.

- Community and Voluntary Sector Funding was allocated in the 2025/26 financial year for a Cancer Charities Grant Scheme. The Scheme launched on 27 November 2025, with the aim to enable charities, and voluntary and community sector organisations to deliver the greatest possible support to cancer patients and their families across our communities. Macmillan Cancer Support match-funded the Department's initial investment, resulting in a total of £2m in available funding for 2025/26.

2.13 Between April 2025 and March 2026, 314,000 outpatient assessments, diagnostic tests, and inpatient treatments for red flag and time-critical patients were delivered in-house or in the independent sector, exceeding the Executive's Programme for Government target of 70,000. This demonstrates the scale of the system-wide effort to improve timely access to urgent care.

2.14 The HSC Reset Plan includes a commitment to develop a Neighbourhood Model of Care. This model aims to establish a new, integrated approach to primary, community and social care, encouraging providers across all areas of Health and Social Care to work in innovative and collaborative ways to deliver services closer to home.

2.15 Many of the actions set out in the Cancer Strategy are closely aligned with the principles underpinning the Neighbourhood Model of Care, particularly the shift toward delivering specialist interventions within primary-care settings and expanding access to cancer services closer to home where this is clinically appropriate. The Strategy also prioritises reducing health inequalities by ensuring that support services for people affected by cancer are consistently accessible within local communities.

2.16 The development of proactive linkages and synergies with other Departments, initiatives and health strategies will be beneficial to improving cancer awareness and prevention in response to the current challenges that cancer poses for our citizens.

2.17 Making Life Better is a whole-system strategic framework for public health. It is designed to provide direction for policies and actions that improve the health and wellbeing of people in Northern Ireland and reduce health inequalities. It encourages and supports people to live healthier lives and helps reduce the prevalence of key cancer risk factors such as tobacco and alcohol consumption, obesity, and physical inactivity.

2.18 This focus is reflected in the launch of the new Making Life Better short-term action plan, which places a dedicated emphasis on programmes such as the 'Whole System Approach to Obesity', 'Smoke-Free Places and Spaces', and 'Active Travel'. With support from the All Department Officials Group (ADOG), these modifiable lifestyle and environmental factors can be directly addressed, in line with Actions 1 and 2 of the Cancer Strategy.

2.19 Development of the Regional Obesity Management Service (ROMS) is progressing, supporting wider action to help people stay healthy and reduce the risk of obesity-related cancers and other long-term conditions. This new service aims to enhance health and wellbeing in Northern Ireland by focusing on the provision of speciality clinical support, in community and hospital-based settings, to address obesity.

2.20 The first phase of ROMS, due to commence later this year, will establish a community-based service offering tailored lifestyle support alongside obesity management medication, where clinically appropriate. Further phases will be developed, subject to funding.

2.21 The development of a fully funded Women's Health Strategy for Northern Ireland will require commitment at Executive level. Given the significant financial pressures currently facing the Department of Health and the wider

HSC system, the immediate priority is the publication of a short- to medium-term Women's Health Action Plan.

2.22 This is a wide-ranging piece of work which seeks to bring together the range of ongoing developments in women's health and aims to further raise the profile of women's health and accelerate positive change.

2.23 The Department will publish the Women's Health Action Plan following completion of a public listening exercise with women in Northern Ireland over the coming months.

2.24 Mental ill health crosscuts the entire cancer pathway. The Mental Health Strategy 2021-2031, published in June 2021, sets out a ten-year vision to improve mental health outcomes in Northern Ireland through 35 actions across three key themes:

- promoting mental wellbeing and resilience,
- providing the right support at the right time,
- and new ways of working.

2.25 The Mental Health Strategy was published alongside a 10-year Funding Plan. The Funding Plan outlined that £1.2bn is needed to fully implement the Strategy over the 10-year period. The investment required to deliver the Strategy is in addition to existing expenditure in mental health services. However, no additional funding has been allocated to the Department to support its delivery, creating significant delivery challenges.

2.26 Despite the extremely challenging financial context, good progress has been made to date across a range of Mental Health Strategy actions which will help to improve access to mental health services for all, including those with a cancer diagnosis. These actions include:

- Implementation of a Regional Mental Health Service, to deliver regional consistent, locally based mental health services;

- Commencing the implementation of recommendations from the review of the Mental Health workforce to inform a future workforce model for mental health services;
- Work to better integrate the community and voluntary sector into the delivery of mental health services, recognising the vital role that the sector plays in providing mental health support;
- Implementation of an Outcomes Framework through Encompass for Mental Health Services to underpin and drive improvements in service delivery;
- Development of an Early Intervention and Prevention action plan to promote mental health across the whole lifespan and;
- Implementation of a Regional Mental Health Crisis Service.

2.27 Given the significant resource constraints, the Department has undertaken a review of the deliverability of the Mental Health Strategy. The *Review of the Deliverability of the Strategy's Actions 2026–2029*, published on 9 October 2025, providing a renewed focus and helps to prioritise ambitions in light of current funding limitations.

3. Cancer Strategy Strategic Priorities and Enablers

3.1 The Cancer Strategy for Northern Ireland 2022–2032 sets out a long-term vision to improve outcomes for people affected by cancer by ensuring equitable, timely and person-centred access to high-quality care. Despite pressures across the HSC system, steady progress continues through improvements in diagnosis, treatment, personalised support and workforce development.

3.2 The Strategy focuses on four key priorities for patients:

- Earlier diagnosis through better recognition of symptoms and faster access to diagnostic tests.

- Faster and fairer access to treatment by reducing waiting times, strengthening specialist teams and ensuring consistent standards of care across Northern Ireland.
- Care tailored to individual needs, supported by Holistic Needs Assessments, improved access to Clinical Nurse Specialists, strengthened information and support services, and personalised follow-up pathways.
- Better support for people with advanced or non-curative cancer, including enhanced palliative and end-of-life care to ensure compassionate, coordinated support.

3.3 Delivery of these priorities is underpinned by key enablers: investing in the cancer workforce, improving digital systems and data, collaborating with partners across sectors, targeting funding to areas of greatest impact and ensuring consistent care across all regions. Together, these elements support the Strategy's goal of improving outcomes and experiences for everyone affected by cancer in Northern Ireland.

3.4 Further detail on the Cancer Strategy's strategic priorities and enablers can be found in **Annex A**.

4. Cancer Strategy Investment

4.1 The Cancer Strategy Funding Plan, which accompanied the Cancer Strategy at the time of publication, assumed a recurrent investment of £55.7 million by Year 4 of the Strategy, rising to £145 million by Year 10. The plan also identifies a one-off capital investment requirement of approximately £73 million.

4.2 Since 2024/25, £10.6 million has been invested recurrently to support the implementation of the Cancer Strategy actions.

4.3 This has allowed implementation of the Strategy to progress, albeit at a slower pace than originally outlined in the Strategy Funding Plan.

4.4 The implementation of the Cancer Strategy will require significantly increased investment over the next three-year period if we are to deliver the Strategy's actions and outcomes as planned.

4.5 Within the current constrained financial climate there remains uncertainty regarding the future budget position. While the Executive has confirmed ringfenced funding of £80m for elective capacity building in 2026//27, there is no other identified additional funding source for the implementation of the Cancer Strategy at this time.

5. Progress Summary

5.1 The Cancer Strategy is a ten-year programme designed to improve outcomes for people diagnosed with cancer and for those affected by a cancer diagnosis. From the outset, it has been intended that the Strategy would be delivered over the full ten-year period.

5.2 Implementation is being phased through a series of three-year operational implementation plans. As a result, some actions have not yet commenced, which is consistent with the planning assumptions set out at the time of publication.

5.3 Overall, good progress has been made on a wide range of key Cancer Strategy actions:

- 5 actions are rated as Blue - completed.
- 20 actions are rated as Green – on track for delivery.
- 29 actions are rated as Amber – Action underway but progress limited by funding/capacity issues.

- 5 actions are rated Red – Action has not progressed as anticipated.
- 1 action is rated Grey - not scheduled for implementation at this time.

5.4 Despite lower investment levels than initially anticipated, there are a number of areas where implementation of the Cancer Strategy has progressed well. This has allowed for improved outcomes for patients and preparation for future work:

- Rapid Diagnosis Centres (RDCs) opened in Whiteabbey and South Tyrone Hospitals in December 2022. Since July 2024 the Vague Symptom Pathway is now a fully commissioned regional service, with patients in all five Trusts able to access RDC's through their GP.

- Patients who have been referred to the vague symptom pathway have been diagnosed with a range of difficult to detect cancers, including lung, liver, pancreatic, stomach and kidney cancers.

- In addition, various other non-malignant illnesses have been detected at RDCs, meaning that most patients who attend an RDC leave the pathway with a way forward for further treatment. The most common of these include emphysema, hiatus hernia, diverticulosis/diverticular disease, osteoporosis/osteopenia and constipation.

- In addition to the Vague Symptom Pathway, investment in RDCs has created additional CT and MRI imaging capacity. During 2025/26 this delivered an additional 9,194 CT scans and 4,465 MRI[2] scans targeting those patients who have been waiting longest following red flag and urgent referrals.

[2] A proportion of the MRI scans were carried out in the independent sector due to operational issues commissioning the new scanners.

- A demand and capacity model for Systemic Anti-Cancer Therapy (SACT) has been developed to assist with service demand planning and modelling for SACT services.

- Optimal pathways reviews for the top three haematology pathways (3 main blood cancers, Myeloma, Lymphoma and Acute Leukaemia) have been completed. Implementation of these actions will require substantial reform and modernisation of services, supported by significant investment. Work is being progressed as part of a wider service transformation programme, with the pace of delivery dependent on the availability of future funding.

- A review of Adolescent and Young Adult (AYA) Cancer Services has been completed and Regional Standards of Care for AYA with Cancer in Northern Ireland have been developed. A new regionally networked service model is in the process of being established. This will ensure that this cohort of patients have equitable access to services appropriate to their developmental stage.

- A review of Advanced Communication Skills Training was completed in 2023. The review identified 703 staff working within cancer and palliative care teams that required training. As of 31 March 2026, 483 professionals have received Advanced Communication Skills training.

- In November 2023 it was announced that Northern Ireland would be the first part of the UK to commit to implementing PCUK's Optimal Care Pathway for Pancreatic Cancer. The pathway includes six core recommendations, including ensuring personalised, proactive support; delivering fairer and more consistent standards of care; and speeding up diagnosis and treatment. Work to implement the Optimal Care Pathway is being taken forward by the Northern Ireland Cancer Network's Upper GI Clinical Reference Group.

- Proposals are currently being considered for Red flag cancer pathways that could benefit from being delivered through an RDC. Using the RDC

model to deliver diagnostic elements of these pathways has the potential to significantly reduce waiting lists, speed up diagnosis and improve performance.

- A review of Breast Cancer services in Northern Ireland is underway, with the aim of moving towards a modernised and consistent service model which ensures equity of access and best meets patient needs. A regional waiting list for breast assessment was established on 08 May 2025, resulting in the equalisation and significant reduction in waiting times across the region.

- Additional breast assessment clinics are currently being delivered to reduce waiting times. A total of 2,065 additional appointment slots were made available between October 2025 and March 2026, resulting in a reduction in current waiting times for breast assessment from a peak of 12 weeks to 5 weeks and 2 days at 27 March 2026. Plans continue to be driven to reduce this further in 2026/27.

- The partnership with key stakeholders - including representatives from the Department, research experts from Queen's University Belfast, Health and Social Care Trusts, the Public Health Agency (PHA), Northern Ireland Cancer Network (NICaN), the NI Cancer Research Consumer Forum, Northern Ireland Clinical Trials and Research Networks, the Community and Voluntary sector, and service users - has been critical to the development and delivery of the Cancer Research Strategic Framework for Northern Ireland, published on 20 November 2025.

- The Cancer Research Strategic Framework identifies five key priorities and details 12 actions which have been designed to strengthen cancer research, innovation and collaboration across Northern Ireland, including the establishment of a Cancer Research Advisory Group.

- A directory of cancer support services has been established with the support of cancer charities in Northern Ireland. This includes financial/welfare advice and can be found at: FamilySupportNI

5.5 A progress update for all Cancer Strategy Actions is available at **Annex B**.

6. Conclusion

6.1 The current available budget poses some significant challenges in terms of what can be realistically achieved in terms of the overall delivery of the Cancer Strategy. The level of funding made available to implement the remaining recommendations will determine the pace of programme delivery and the extent to which service reforms can be progressed.

6.2 However, there are aspects of service reforms that can be driven forward with limited, or no funding and officials will continue to explore and maximise every opportunity for the deployment of the most effective and efficient service models for cancer care.

6.3 Implementation of the Cancer Strategy in forward years will focus on strategic priorities that can deliver the most impact and will continue to be overseen by a multidisciplinary Cancer Steering Group and Cancer Strategic Advisory Forum made up of key stakeholders.

Annex A: Cancer Strategy Strategic Priorities and Enablers

Cancer continues to have a profound impact on families and communities across Northern Ireland. Improving outcomes for people living with cancer, and those who support them, remains a key priority for the Department of Health. The Cancer Strategy for Northern Ireland 2022-2032 sets out a clear vision to ensure that everyone in Northern Ireland, wherever they live, has equitable and timely access to the most effective, evidence-based referral, diagnosis, treatment, support and person-centred cancer care.

Despite the significant pressures on our HSC system, meaningful progress is being delivered, and we remain firmly committed to providing modern, equitable and high-quality cancer care for everyone. By enhancing diagnostic pathways, strengthening treatment services, expanding personalised support, and investing in our cancer workforce, we are building a system that patients can rely on now and in the years ahead.

Our Priorities for Patients

Earlier Diagnosis

- Getting a diagnosis as early as possible can make a significant difference. We are improving how symptoms are recognised and how people are referred for tests, helping patients get the right investigations sooner and access timely treatment.

Faster and Fairer Access to Treatment

- We are working with hospitals across Northern Ireland to reduce waiting times and ensure people can access the treatment they need as early as possible. This includes strengthening cancer teams, improving access to the latest treatments, and planning services so that care is safe, consistent and fair for everyone.

Care Designed Around Your Needs

Everyone's experience of cancer is different. That's why we are expanding personalised approaches to make sure care reflects each person's needs and circumstances. This includes:

- Holistic Needs Assessments to understand an individual's practical, emotional and physical needs.
- Improved access to Clinical Nurse Specialists, who provide expert guidance and act as a consistent point of contact.
- Better information and support services for patients, families and carers, ensuring people know where to turn for help.
- Helping people prepare for and recover from treatment, including programmes that focus on physical and emotional wellbeing.
- More personalised follow-up options, so people continue to feel supported once their treatment has ended.

Better Support for People Living with Advanced or Non-Curative Cancer

- We are working to improve palliative and end-of-life care so that people and their families receive compassionate, well-coordinated support whenever they need it.

What Helps Us Deliver These Improvements – Key Enablers

To make these changes happen, the Cancer Strategy is supported by important enablers:

A Stronger Cancer Workforce

- We will strengthen our workforce planning to ensure targeted investment that grows the cancer workforce and builds capable, resilient and sustainable teams to meet rising demand and the evolving needs of patients.

Better Use of Digital Tools and Information

- Improved digital systems, patient-held information, and better use of data will support safer, more joined-up and more personalised care.

Working Together with Partners

- We continue to work closely with charities, community groups, researchers and people with lived experience to design services that meet real needs.

Targeted and Sustainable Investment

- Funding is prioritised for improvements that will have the greatest impact for patients, such as diagnostics, oncology services and personalised care programmes.

Consistent Care Across Northern Ireland

- Regional planning and shared pathways help ensure people receive the same high-quality care no matter where they live.

Annex B: Progress Update for All Cancer Strategy Actions

RAG Status	Explanation
	Action complete
	Action on track for delivery
	Action underway but progress limited by funding/capacity issues
	Action has not progressed as anticipated
	Action not scheduled for implementation

Action	Status	Update
Action 1 – Increase public awareness of cancer-related risk factors through specific strategies on tobacco, substance use, skin cancer prevention, and overweight and obesity – including diet and physical exercise. Action 2 – Support the development and delivery of strategies to improve public health.		Progress continues across key cancer prevention areas. An interim review of the Skin Cancer Prevention Strategy 2011 - 2021 has been completed, and work will continue using the current strategy as the main framework. A new action plan for 2026/27 is being developed based on the findings of the review, with a three-year period recommended to deliver the next phase of work. Work is underway to complete the Strategy end review during 2026. The Ten-Year Tobacco Control Strategy for Northern Ireland continues to focus on reducing smoking rates, protecting people from second-hand smoke and promoting smoke-free spaces. Smoking rates have now fallen from 22% in 2014/15 to 12% in 2024/25, although they remain higher in more deprived communities. Stop Smoking Services supported 9,587 quit attempts in 2024/25, with 59% of people successfully quitting at four weeks. Ongoing work includes media campaigns, social media content and support through the Stop Smoking NI website.

		A regional review of Physical Activity Referral Scheme (PARS) Level 3 programmes is underway and its findings, due by March 2026, will help shape how the scheme develops in the future. Additional health awareness campaigns have taken place through the Living Well Programme in community pharmacies, with recent campaigns focusing on physical activity, sun safety and alcohol awareness.
Action 3 – Develop a coordinated approach towards chemoprevention in line with NICE recommendations.		This is an ongoing action. The National Institute for Health and Care Excellence (NICE) produces evidence-based guidelines to support high-quality care. The Strategic Planning and Performance Group (SPPG) monitors how these guidelines are being used across health services. Trusts are expected to put new guidelines in place within 12 months, unless extra funding or regional planning is needed. If any challenges arise, Trusts report issues through established processes, enabling SPPG to monitor progress and coordinate appropriate solutions.
Action 4 – All people diagnosed with cancer must be offered appropriate and targeted information and support to live well.		This action aligns with other workstreams focused on personalised care, support services and patient experience (Actions 30, 31, 33, 35, 36, 39, 41 and 42).
Action 5 – Establish routes to diagnosis reporting and analysis on a regular basis to help monitor diagnostic pathways and outcomes for patients.		The Northern Ireland Cancer Registry (NICR) regularly publishes information on how people are diagnosed with cancer. A 'Routes to Diagnosis' report for patients diagnosed between 2018 and 2020 was published in June 2024, followed by an updated report covering 2018 to 2022 in April 2026. Further updates will continue to be published on an ongoing basis. Robust routes-to-diagnosis reporting is now established. The latest

		publication shows evidence of early post-COVID recovery. https://www.qub.ac.uk/research-centres/nicr/cancer-information/routes-to-cancer-diagnosis/. Improvements are particularly visible in breast and colorectal cancer, reflecting increased use of GP and red flag referral routes alongside recovery in screening and other non-emergency pathways. Despite this progress, emergency diagnosis remains unacceptably high for some key cancers, with inequalities across age, deprivation and geography. Strategic efforts should increasingly focus on supporting a shift in stage at diagnosis, reducing inequity, and minimising avoidable emergency presentations.
Action 6 – Deliver regular, effective, targeted evidence-based 'Be Cancer Aware' campaigns harnessing the expertise in the community and voluntary sector.		The *Be Cancer Aware Spot Cancer Early* campaign was delivered through mass-media channels in 2022 and 2024, focusing on raising public awareness of cancer signs and symptoms. It was delivered in partnership with Cancer Research UK, the Public Health Agency (PHA) and the Northern Ireland Cancer Network (NICaN). Additional *Be Cancer Aware* activity also took place through the Living Well Programme in community pharmacies, helping to further raise awareness and support earlier detection.
Action 7 – Reduce sensitivity levels and extend the age range for the bowel screening programme.		The Northern Ireland Bowel Screening Programme lowered the Faecal Immunochemical Test (FIT) detection threshold in April 2023. The Minister of Health has also committed to extending the age range for bowel screening as part of the HSC NI three-year plan. Work to meet this target is ongoing.
Action 8 – Implement HPV testing in the cervical screening programme.		HPV testing has been fully implemented in the cervical screening programme since December 2023.

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<td>Action 9 – Increase uptake of all cancer screening programmes.</td>
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Each cancer screening programme is benchmarked against national standards to ensure quality, safety and effectiveness.

Uptake refers to the percentage of people who are invited for screening within the defined timeframe that go on to have the test and have a recorded screening result. Coverage refers to the percentage of the eligible population who have an up-to-date screening result within the recommended timeframe. For cervical screening, this means having a test every 3.5 years for ages 25–49, and every 5 years for ages 50–64.

The acceptable standard in terms of uptake, shown in the programme column, is the threshold needed for each programme to ensure effectiveness.

<table>
<tr><th>Programme</th><th>Uptake 22/23</th><th>Uptake 23/24</th><th>Uptake 24/25</th></tr>
<tr><td>Breast (Acceptable >70%)</td><td>74%</td><td>74%</td><td>75%</td></tr>
<tr><td>Bowel (Acceptable ≥ 52%)</td><td>58%</td><td>67%</td><td>66%*</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td>Coverage 22/23</td><td>Coverage 23/24</td><td>Coverage 24/25</td></tr>
<tr><td>Cervical (Acceptable ≥80%)</td><td>65.1%</td><td>67.9%</td><td>66.5%</td></tr>
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*Provisional figures and will require further validation.

A range of activities have been undertaken to promote participation in cancer screening programmes, including:
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		• Ongoing use of social media messaging for each screening programme aligned with national awareness events. • Collaboration between Cancer Research UK and PHA on a multi-media cancer awareness campaign in February/March 2025. • Targeted community education sessions have been provided through a PHA-commissioned voluntary sector partner, focusing on areas of deprivation and groups less likely to attend screening. • Trusts continue to undertake local promotional activities, including participation in community health fairs. • Promotion of bowel cancer screening as a key element of the Department of Health's (DoH) *Live Better* initiative in 2025. • Cancer screening campaigns delivered through the *Living Well* initiative in 500 community pharmacies in April/May 2024. • Development of an information booklet on screening for transgender, non-binary and gender-fluid service users was published in March 2025 and shared with relevant service providers.
Action 10 – Implement all UK National Screening Committee recommendations.		Work to implement the UK National Screening Committee's cancer screening recommendations is underway, but progress will depend on available funding and resources.
Action 11 – Create surveillance systems for conditions where there is clear evidence regarding the pre-malignant potential of a particular condition to ensure people are not lost to follow up.		Work has begun to review NICE guidance on monitoring conditions that could develop into cancer (pre-malignant) and to identify suitable follow-up systems. Further progress will depend on the resources available.
Action 12 – Implement NICE guidance including NG12 and, in the future, the most current NICE referral guidelines.		Work to implement the NICE NG12 referral guideline is continuing. Primary care guidance has already been updated for prostate, kidney (renal), breast, blood (haematology) and bowel (colorectal) cancer pathways to ensure it reflects this guidance. Work has now begun to

		update the gynaecology and upper gastrointestinal (GI) referral guidance.
Action 13 - A 28-day standard will be introduced to track the time for all people from first referral for suspected cancer to confirmation of a cancer diagnosis, which includes all diagnostic and staging investigations.		Early work has begun to explore the introduction of a 28-day cancer diagnosis target in Northern Ireland, aligned with the NHS England standard. Progress is complex, as this development is closely linked to the embedding of encompass and must take account of the wide range of cancer pathways.
Action 14 - Review current targets to ensure equity across the pathway.		This action is linked to the work on introducing the 28-day standard described in Action 13.
Action 15 – Develop new pathways and diagnostic services to improve diagnosis.		Rapid Diagnosis Centres (RDCs) opened in Whiteabbey and South Tyrone Hospitals in December 2022. Since July 2024, the Vague Symptom Pathway has been fully rolled out across Northern Ireland, meaning patients in all five Trusts can now be referred to an RDC by their GP. Work is underway to explore how the RDC model could also support other urgent (Red flag) cancer pathways, helping patients access quicker tests and easing pressure on hospital services. Where possible, RDCs are already being used to provide faster access to key tests such as CT and MRI scans. Investment in RDCs has also created additional CT and MRI imaging

		capacity. During 2025/26 this delivered an additional 9,194 CT scans and 4,465[3] MRI scans targeting those patients who have been waiting longest following red flag and urgent referrals.
Action 16 – Develop a Specialist Integrated Haematological Diagnostics service for Northern Ireland.		Plans have been developed to take forward a Specialist Integrated Haematological Medical Diagnostics Service (SIHMDS) development, but no funding has been allocated during this reporting period to take this forward.
Action 17 – Develop and implement prehabilitation and rehabilitation services on a regional basis.		Significant progress has been made in developing a regional cancer prehabilitation model to help patients improve their physical, nutritional, and emotional readiness for treatment. With support from Macmillan-funded clinical prehabilitation project managers in each Trust, bowel (colorectal) prehabilitation services were established, with additional developments across lung, head and neck, blood (haematology), and gynaecological cancer pathways. Early pilot evaluations showed meaningful improvements in patients' mobility, nutrition, and psychological wellbeing. The final evaluation confirms an equitable, best-practice regional service model, providing universal, targeted, and specialist support close to home. It also highlights the Allied Health Professional (AHP) and Clinical Nurse Specialist (CNS) workforce needed to deliver the service at scale. However, the long-term sustainability of the model is at risk. Securing long-term funding will be essential to ensure a sustainable service and to address shortages in the AHP workforce, which is limiting further rollout. A regional prehabilitation toolkit, published in February 2026, providing consistent guidance, pathways and tools for implementation across

[3] A proportion of the MRI scans were carried out in the independent sector due to operational issues commissioning the new scanners.

		Northern Ireland. This toolkit is designed to help people improve their physical and emotional wellbeing before treatment, offering practical tips, short videos, and resources to build strength, resilience, and confidence, and support better recovery. https://nican.hscni.net/livingwithandbeyondcancer/prehabilitation-preparing-for-your-cancer-treatment/
Action 18 – Reconfigure cancer surgical services alongside any future recommendations for the delivery of emergency and elective surgery.		DoH continues to implement the Elective Care Framework (ECF), published in May 2024. The ECF sets out a five-year plan to improve how elective care services are delivered in Northern Ireland. Delivering this programme fully will require ongoing investment. In line with both the ECF and the Cancer Strategy, the Department has commissioned a series of reviews across key specialties, including adult and paediatric orthopaedics, urology and gynaecology, and has completed a review of General Surgery. These reviews aim to reduce long waiting lists, increase capacity, ensure safe and sustainable services, improve productivity and standardise pathways across all Trusts. In many areas our waiting times remain longer than we would wish them to be. However, with the implementation of the strategy's recommendations early signs of improvement are now visible. Data from encompass for the quarter ending 31 December 2025 shows: • 220,999 people waiting for a diagnostic test (6,675 fewer than in September 2025) • 84,329 waiting for inpatient or day case admission (7,316 fewer than September 2025) • 527,062 waiting for a first consultant-led outpatient appointment (15,389 fewer than September 2025)

		These figures indicate meaningful early progress, although continued investment will be essential to deliver the scale of reform required.
Action 19 – Implement Enhanced Recovery After Surgery programmes on a regional basis for all appropriate major cancer surgery.		Action is on track for delivery. Enhanced Recovery After Surgery programmes are well established as standard practice across key cancer surgical pathways.
Action 20 – Introduce and implement new radiotherapy techniques and technology in line with national guidance including staffing and associated training.		DoH published a Strategic Review of Radiotherapy Services in Northern Ireland in February 2026. The review sets out priority actions, including introducing new technologies that will help make radiotherapy treatment more precise and effective over time. Several service improvements have been identified, but progress will depend on future funding, and no funding has yet been allocated to take these developments forward. A key recommendation from the review is the creation of a regional radiotherapy service model. Central to this is a new Radiotherapy Operational Delivery Network (ODN), which will improve coordination between Northern Ireland's two cancer centres, increase access to advanced treatments and help reduce variation in outcomes. The ODN, once established, will be led by the Cancer Programme Director within SPPG and include a multi-disciplinary team from both cancer centres. One of its key objectives will be to ensure equitable access to high quality, modern radiotherapy techniques.
Action 21 – Implement in full the recommendations of the Oncology Service Transformation Project and the Oncology Haematology stabilisation		Oncology and haematology services in Northern Ireland are under significant pressure due to rising demand for outpatient activity and Systemic Anti-Cancer Therapy (SACT).

plan.		To respond to this, Trusts developed stabilisation plans in 2020, identifying the need for £13.7 million and 219 additional staff to make these services more sustainable and resilient. By 2024/25, £11m had been allocated on a recurring basis, allowing around 168 staff to be recruited. A further £2.5 million was secured in 2025/26 through the Elective Care Framework helping to close most of the remaining gap. Work is ongoing to secure the final posts, with around £0.5 million still required to fully deliver the original plans.
Action 22 – Ensure timely treatment where services cannot be provided in NI due to the specialist nature of services, technology constraints or low number of patients. Continue to monitor the viability of providing these services locally including CAR-T.		Northern Ireland patients continue to access specialist treatments through NHS providers in other parts of the UK where these services cannot currently be delivered locally. The Belfast HSC Trust is working to develop a local Prostate-Specific Membrane Antigen (PSMA) PET service for prostate cancer, with the funding source still to be identified. Work to establish an adult Chimeric Antigen Receptor (CAR) T-cell therapy service in Northern Ireland is linked to the redevelopment of the Haematology Ward at Belfast City Hospital. DoH granted conditional approval for the new ward's business case in December 2025, allowing the Trust to move to the next stage of planning. Based on current timelines, a CAR T-cell therapy service is expected to be operational in Northern Ireland by 2030–31.
Action 23 – Develop near-to-home phlebotomy services.		Funding has been allocated through the Elective Care Framework Implementation and Funding Plan to sustain and expand phlebotomy capacity. Trusts are developing business cases to increase capacity, with implementation expected during 2026/27.

Action 24 – Review our model of delivery for Systemic Anti-Cancer Treatment Services including the delivery of near/close-to-home SACT.		Work is continuing through the regional SACT Optimisation Group and Clinical Reference Group to assess service needs and consider future delivery models, including the possibility of offering SACT treatments closer to home. Aseptic pharmacy services and phlebotomy hubs play an essential role in delivering SACT. These services support wider hospital and community care, and their development depends on funding arrangements beyond cancer services alone. Providing SACT closer to home would require significant investment in skilled hospital and community staff across medical, nursing, pharmacy and clinical roles.
Action 25 – Develop a 24/7 metastatic spinal cord compression service with rapid access to imaging and treatment.		Funding has been secured through the 2025/26 Elective Care Framework Implementation and Funding Plan to recruit a Metastatic Spinal Cord Compression (MSCC) Coordinator for the Belfast HSC Trust. While this is a positive step forward, the establishment of a single coordinator role is not sufficient to deliver a fully operational 24/7 MSCC service. However, the post will enhance the current pathway by providing specialist coordination, timely assessment, clinical advice, and support for patients with suspected or confirmed MSCC. The postholder is expected to be in place during 2026, which should lead to incremental improvements in patient care and pathway consistency, but further investment and system development will be required to achieve the full 24/7 service model.
Action 26 – Extend the Acute oncology service across all trusts to 7 day working.		No funding has been allocated in this reporting period to extend the Acute Oncology Service (AOS) to seven-day working. However, work is continuing to assess demand and develop the pathways needed to

		support this. This work will continue into the next reporting period, with detailed proposals for seven-day service provision to be brought forward when funding becomes available.
Action 27 – Deliver genetic and genomic testing in cancer pathways in line with NICE recommendations.		A regional Multi-Disciplinary Team (MDT) and Molecular Tumour Board (MTB) have been established. Weekly MTB meetings have been in place since October 2024, significantly expanding access to high-quality genomic tumour profiling. The Regional Molecular Diagnostics Service has developed a bioinformatics pipeline to identify tumour variants, with 3,617 samples processed to date and 53 clinically actionable germline variants confirmed. Learning from 2024–25 highlights limitations in existing NHS testing criteria, improved pathway engagement through a dedicated MTB coordinator, and increased family cascade testing. Overall, this action has markedly advanced the role of genomics in cancer care, enabling more personalised treatment, earlier identification of inherited cancer risk, and enhanced support for at-risk families.
Action 28 – Develop ambulatory care haematology units in each of the Trusts and establish near-to-home treatment services for suitable patients.		The haematology review recommended developing ambulatory care haematology units; however, no funding has been allocated in this reporting period to progress this work. Two posts have been funded under Action 21 within the Belfast HSC Trust to support development of the Trust's ambulatory care model. All Trusts will require ambulatory care units, and detailed proposals will be brought forward during the next implementation period. Regional work is progressing to support Haematology services, led by the SPPG Cancer Programme Team in partnership with NICaN. Key developments include the re-establishment of the NICaN Haematology

		Clinical Reference Group, which has prioritised updates to referral guidelines, pathway improvements, and the adoption of best practice and alternative care models. In parallel, a Regional Haematology Pressures Group has been established to address service sustainability, workforce challenges, and resilience across Trusts. A comprehensive action plan has been developed, encompassing immediate stabilisation measures, longer-term investment requirements, and foundational work towards a full regional stocktake. Together, these initiatives provide a coordinated regional approach to strengthening Haematology services.
Action 29 – Implement a safe and robust electronic prescribing system for all Systemic Anti-Cancer Treatment regimes.		Progress continues on the development of a new electronic prescribing system that will cover oncology, haematology, and paediatric services. The business case is currently being developed, with implementation planned for 2029/30. In parallel, work is underway to integrate haematology services into the existing e-prescribing system, with implementation expected during the 2026/27 financial year.
Action 30 – Develop appropriate pathways and accessible services for older people with cancer, adults with learning disabilities, communication needs and chronic mental health problems, rarer cancers and metastatic cancer.		Although no funding has been allocated to this action within the Cancer Strategy Implementation Plan 2025–28, a number of important improvements for underserved groups continue to progress, including: • The Western HSC Trust, in partnership with Macmillan, has introduced easy-read resources and videos to support adults with learning disabilities, alongside staff training and service adjustments. • A regional Mesothelioma CNS post was established in November 2025 through collaboration between Mesothelioma UK, Macmillan Cancer Support and Belfast HSC Trust, providing dedicated support for patients across Northern Ireland.

		• Insights from the NICR's Breast Metastatic Cancer Audit have informed new GP education sessions to improve recognition of metastatic breast cancer symptoms. • Development and regional rollout of an Advanced Cancer Toolkit is ongoing, offering more consistent, accessible and high-quality information and guidance for people living with advanced cancer and the professionals supporting them. - https://nican.hscni.net/livingwithandbeyondcancer/advanced-cancer-toolkit/
Action 31 – Every child, young person and adult diagnosed with cancer, and their carers, will have access to staff with the specialist knowledge and skills to provide developmentally appropriate, person-centred care.		Delivering this action will require investment in both AHP and nursing workforce capacity (see Action 33). Funding from the Elective Care Framework has been approved to protect vulnerable CNS posts (see Action 39).
Action 32 - Increase collaboration between Northern Ireland, Great Britain, and the Republic of Ireland in the provision of children's oncology services.		Commissioning arrangements for children's cancer services are supported under specialist commissioning arrangements. Work is actively progressing to strengthen and stabilise children's cancer services through these mechanisms, which operate throughout the Cancer Programme. Recent work has focused on enhancing the resilience of services, including strengthening chemotherapy delivery, and addressing workforce imbalances identified through recent peer review. A detailed service specification is being developed, informed by a comprehensive review of current services, activity and staffing, and supported by investment from the Northern Ireland Rare Diseases Action Plan. The service has also received funding to support staffing infrastructure in the delivery of new specialist medicines. Children's cancer services continue to benefit from well-established NHS

		network links, ensuring access to peer review, audit, specialist MDT advice and robust tertiary pathways for treatments that cannot be delivered regionally. While further collaboration with the Republic of Ireland will depend on future funding and the completion of necessary governance and legislative work, opportunities will continue to be explored as resources allow.
Action 33 – Review the provision of services for teenagers and young adults in Northern Ireland including transition arrangements, age-appropriate environments, psychological support and long-term follow up.		A Review of Provision of Cancer Services for Teenagers and Young Adults in Northern Ireland was published in July 2023. Following its recommendations, regional standards of care for Adolescents and Young Adults (AYA) with cancer were published in February 2025, and significant progress has since been made to embed them across Northern Ireland. A lead director has been appointed in Belfast Trust, and a regional AYA Programme Board, with representation from all Trusts, has been established to oversee implementation. The Board will agree a regional work plan to guide and monitor delivery. An investment of £100k has supported key clinical leadership roles, including a medical lead and an AYA lead nurse. An AYA Service Operations Group, led by the AYA lead nurse and working alongside NICaN tumour groups, will take forward the work plan. AYA CNS posts will be recurrently funded through SPPG investment. Young people and families with lived experience have shaped the new standards and will continue to influence service development through a newly established AYA Engagement Group, co-chaired by a young person.

		Work is also underway to identify a digital holistic assessment tool suitable for young people.
Action 34 – An effective Multi-Disciplinary Team meeting will be held for all people diagnosed with cancer including Cancer of Unknown Primary and metastatic disease.		Between March 2022 and October 2024, funding enabled the establishment of MDT streamlining protocols and processes, creating more time for the discussion of complex cases within the Regional Specialist Urology MDT. Specialist radiology input was also funded for the Sarcoma MDT, and additional radiology capacity was secured for the South Eastern Trust's Urology MDT. A new regional Cancer of Unknown Primary MDT was established in Belfast Trust in October 2024 and will require recurrent funding to remain in place. A new Regional Renal Cancer MDT has also been established within Belfast Trust. No further investment has been allocated since 2024/25.
Action 35 – Develop a person-centred model of care that builds on learning from COVID-19 with increasing use of telehealth and technology.		Telephone follow-ups and reviews are now well established across Trusts, helping reduce unnecessary travel while ensuring regular contact, support and outreach for people living with cancer. Patients should be able to contact their tumour-specific Cancer Nurse Specialist (CNS) directly if they have concerns, although gaps in CNS provision remain. People can also access information and support services for general queries about community services, and a telephone triage service is available to support patients with clinical concerns during their SACT treatment.
Action 36 – Offer all people a holistic needs assessment, an appropriate care plan and provide signposts to relevant sources of help and support.		Work is progressing across all Trusts to ensure that everyone diagnosed with cancer is offered a Holistic Needs Assessment (HNA). Cancer Nurse Specialists usually lead this work, and increasing HNA coverage will require additional specialist nursing capacity. Electronic recording of

		HNAs is improving across tumour groups, helping to ensure greater consistency and monitoring. Macmillan Cancer Support is investing over the next three years to fund Band 4 Personalised Care Support Workers in all five Trusts, along with a regional nurse leadership post to coordinate the programme and promote consistent practice. This role is jointly supported by the SPPG and NICaN.
Action 37 – Develop a comprehensive treatment summary record for all people diagnosed with cancer.		Work is underway across all five Trusts to introduce end of treatment summaries for all cancer types, ensuring they are offered to everyone diagnosed with cancer. Full implementation is dependent on progress with Action 39 and will require investment in staff training, consistent processes, and impact evaluation. Resources are being improved to support easier access and standardised reporting. Personalised Care Facilitators (PCFs) have reviewed current practice and identified variation across Trusts. Further work is needed to agree standardised processes across all tumour sites. Funding for PCF posts is scheduled to end in the first quarter of the 2026/27 financial year.
Action 38 – All people who have completed cancer treatment will be assessed and risk stratified to appropriate follow-up pathways.		Implementing personalised stratified follow-up pathways, often referred to as self-directed aftercare (SDA) and patient-initiated follow-up (PIFU), offers significant benefits, improving patient experience and quality of life while freeing consultant capacity for new patients. SDA is already in place for breast cancer patients in all Trusts, with pathways for skin, colorectal, haematological and gynaecological oncology patients established in some Trusts. Work is ongoing to extend these pathways regionally across all relevant tumour sites. Increasing CNS capacity (see Action 39) is essential to enable full implementation of SDA/PIFU.

Action 39 – All patients, including children and young people, diagnosed with cancer will have access to a Clinical Nurse Specialist throughout the entire care pathway.		A 2022 review of the CNS workforce identified a need for around 100 additional posts across Northern Ireland. Delivering this expansion will require dedicated funding and a phased workforce plan to support key Cancer Strategy actions. A new review of the CNS workforce is underway across all tumour groups. CNS key performance indicators now include the number of new patients for whom the CNS acts as keyworker, and work continues to improve regional consistency in reporting through encompass, supported by staff training. In March 2025, a paper to the Cancer Programme Board highlighted vulnerabilities arising from non-recurrent funding, with 19.88 CNS posts identified as at risk. To protect these essential roles across children's, young people's and adult cancer services, funding from the Elective Care Framework has been allocated and Trusts have submitted the required business cases. The new Northern Ireland Practice and Education Council (NIPEC) Cancer Nursing Clinical Career Pathway, launched in February 2026, provides standardised role titles, competencies and education requirements, offering greater regional clarity for patients, staff and service planners.
Action 40 – In alignment with the mental health strategy develop a model to promote good mental health and wellbeing for people affected by cancer and develop pathways to ensure that all people with cancer have access to		Work to strengthen mental health and wellbeing support for people affected by cancer has progressed in two phases. Phase 1, led by the Mental Health Advisory Group, focused on improving access to high-quality information and resulted in a new online directory of cancer support services on the Family Support NI website. The directory, which includes emotional, financial and practical support, is now fully

mental health support in line with their needs.		established, funded and maintained by a dedicated team. Phase 2 was designed to assess how effectively people move between cancer services and statutory mental health services, and to identify opportunities to strengthen referral pathways. This work will need to be aligned with Action 22 of the Mental Health Strategy 2021-2031, which aims to ensure that people whose physical health conditions contribute to mental ill health, including those living with cancer, can access mental health care through clear, well-designed pathways rather than relying on dedicated mental health staff within physical health services. Although Action 22 of the Mental Health Strategy 2021-2031 has not formally commenced, wider Mental Health Strategy initiatives are already improving access to support. These include establishing a Regional Mental Health Service, beginning implementation of Mental Health Workforce Review recommendations, increasing integration with the community and voluntary sector, implementing an Outcomes Framework through encompass, developing an Early Intervention and Prevention Action Plan and rolling out a Regional Mental Health Crisis Service.
Action 41 – All people with a cancer diagnosis will be referred to a Cancer Information and Support Service at diagnosis.		Everyone diagnosed with cancer in Northern Ireland can access a Macmillan Information and Support Service in every Trust. Funding is in place to sustain these services, and Cancer Nurse Specialists help promote and support referrals. Digital developments such as the encompass My Care chart may provide further opportunities to improve access. Work is ongoing to map information and support pathways across Trusts. Staffing levels within Macmillan Information and Support Services vary and often depend on non-recurrent funding or volunteers, therefore investment in dedicated staff will be important to ensure consistent support at diagnosis.

		Currently, all patients are signposted to these services in four Trusts, while one Trust operates an opt-out referral process. There is no new investment at present to extend an opt-out model across all Trusts.
Action 42 – Timely and appropriate access to therapeutic and practical support services for people affected by cancer targeting emotional, physical, spiritual and social needs will be provided.		HNAs (Action 36) continue to expand across tumour sites, supported by Macmillan Information and Support Services (Action 41). Delivery of this action depends on progress in related areas, including prehabilitation and rehabilitation (Action 17) and specialist nursing capacity (Action 39). No funding has been allocated to this action during the 2025-2028 implementation period. Additional investment is needed to strengthen AHP capacity and to secure the Macmillan Information and Support Services and CNS resources required for practical and therapeutic support. Current provision relies heavily on charitable funding, leaving services vulnerable and limiting the ability to embed sustainable referral pathways.
Action 43 - All people starting cancer treatment will have their health status assessed and recorded and a plan developed to mitigate potential late effects and consequences of their treatment.		Delivering this action will require a significant increase in CNS and AHP capacity, which will need substantial investment.
Action 44 – Develop a regional, multidisciplinary approach to the identification and management of all people at risk of late effects and consequences of their cancer treatment.		Delivering this action at scale will require a significant increase in CNS and AHP capacity. While there is clear commitment and early progress in some areas, full implementation will not be achievable without substantial additional workforce investment.
Action 45 - Identify people deemed to be at highest risk for late cardiovascular effects and enrol them in a follow-up programme.		This action is not scheduled for implementation during the 2025–2028 period.

Action 46 - Screen children to detect early, subtle cardiac abnormalities that might be treated, or may be reversible. In addition, where children are treated with anthracyclines or cardiac radiation they will have lifelong screening.		A well-established surveillance strategy is in place for at-risk children, with a referral pathway to adult cardiology at age 16.
Action 47 – Deliver integrated, co-ordinated, and personalised palliative and end-of-life care to people with non-curative cancer when and where they need it.		Work to deliver integrated, co-ordinated and personalised palliative and end-of-life care continues under the Palliative Care in Partnership (PCiP) Regional Work Plan, Key Priority 2, which focuses on improving the co-ordination and quality of Palliative and End of Life Care (PEoLC). PCiP Priority 2 involves collaborative working across providers to enhance care for adults with malignant and non-malignant palliative and end-of-life needs. However, progress across all planned workstreams has been limited by resource and capacity constraints within the PCiP programme. No Cancer Strategy funding has been allocated to this action, with available resources prioritised for Action 49.
Action 48 – All people with non-curative cancer will have access to a palliative care key worker.		Following recommendations from the Living Matters, Dying Matters Strategy (2010), the Palliative Care Keyworker role has been embedded within District Nursing since 2017. The Palliative Care Quality Indicators project began in 2023/24 with an initial 60% compliance target. By mid-2024, three Trusts reported strong performance (90%, 88% and 79%). Due to encompass implementation, data could not be extracted for the remaining two Trusts; work continues to enable reliable future extraction of Keyworker QI data. Through the PCiP Programme, Consultant District Nurses are updating the regional palliative care keyworker role and function document and standardising training in line with the new regional PEOLC Education and

		Learning Framework. Cancer Strategy funding supported 25 District Nurses to attend the regional Dignity in Care conference in May 2024. No recurring Cancer Strategy funding has been allocated to this action, with resources prioritised for Action 49.
Action 49 – Extend palliative and end-of-life support and continuity of care to seven-day working for all people with non-curative cancer.		In response to recurring recommendations from the NHS Benchmarking National Audit for Care at the End of Life (NACEL), Cancer Strategy funding has been used to introduce out-of-hours specialist palliative care advice in the Belfast, South Eastern and Western Trusts, which previously had no cover. Annual contracts of £120k support around 1,248 calls, approximately 60% relating to patients with a cancer diagnosis. Most calls occur at weekends between 9am and 5pm. Work continues through the PCiP Programme to scope and cost options for expanding specialist palliative care nursing to a full seven-day model. In 2023/24 and 2024/25, Cancer Strategy funding also supported a regional subscription to the Palliative Care Formulary, giving 24/7 access to medication guidance for around 250 users. Following evaluation and review of alternatives, the subscription ended in 2025/26.
Action 50 – Increase awareness and uptake of advance care planning for all people with non-curative cancer.		DoH published its Advance Care Planning policy for adults (aged 18 and over) in October 2022. The policy supports people to consider what matters most to them and to record their wishes, feelings, beliefs and values, including preferences for future care. Work is ongoing between the Department and the PHA to develop proposals for implementing the policy, with further updates to be provided to stakeholders in due course. Further information is available

		at: Advance Care Planning: For Now and For The Future.
Action 51 – All people living with non-curative cancer, and those important to them will have access to the bereavement, psychosocial and counselling support appropriate to their needs and preferences before and after death.		DoH established the NI Bereavement Network in April 2021, bringing together key statutory, community and voluntary organisations, including Cruse Bereavement Support, Marie Curie, Age NI, Palliative Care in Partnership, and the NI Hospice. In March 2024, the Network launched a dedicated website, Bereaved NI, a dedicated website offering signposting to a wide range of bereavement resources. These include information on palliative care, support for children and young people, and practical advice on financial and legal matters.
Action 52 – Develop a regional, multi-professional cancer workforce strategy and implementation plan. This will be underpinned by a training plan to ensure there are appropriately skilled staff to deliver services for the future.		Progress on this action continues to depend on wider service reviews and the availability of investment. The Radiotherapy Review highlighted the need for a regionally integrated workforce model. Analysis of the core multi-disciplinary workforce showed that effective delivery requires aligned regional workforce planning, prioritised staff allocation, joint appointments to support collaboration, and expanded training pathways to develop roles such as advanced practitioners and non-clinician outliners. A shared operational delivery network could help address workforce pressures and strengthen service resilience. The Breast Services Review similarly identified the need for consistent regional workforce planning, noting variation in job roles and the importance of structured succession planning to ensure sustainable service delivery.
Action 53 – All health-care professionals who are expected to carry out sensitive communication must		A regional approach to Advanced Communication Skills Training (ACST) is now established.

complete an advanced communication skills training programme.		• 48 ACST courses were delivered between January 2024 and March 2025, training 270 staff. • 22 courses delivered in 2023/24. • 25 more courses scheduled for 2025/26, with an estimated 150 practitioners to be trained. All Trusts are now delivering ACST, supported by a growing number of trained facilitators, which is reducing costs and limiting the need for external providers. A regional coordinator remains in post; however ongoing funding is required to maintain this role. Work to support programme quality, sustainability, and evaluation continues
Action 54 - Measure the experience of all people with cancer on an ongoing basis to inform service improvement and redesign.		Work is underway across all Trusts to better understand the experiences of people living with cancer, led by Macmillan Service Improvement Leads. A locally developed patient experience tool, created by Belfast HSC Trust and piloted with hepatobiliary cancer patients, is now being rolled out to other tumour sites and adopted regionally. A dedicated patient experience dashboard has also been developed, enabling Trusts to identify priority areas for improvement and support targeted, data-driven service enhancements.
Action 55 – Develop a cancer research strategy for Northern Ireland in partnership with key stakeholders.		DoH, in collaboration with key stakeholders, have developed a Cancer Research Strategic Framework for Northern Ireland. The Framework was approved by the Minister of Health and published on the Department's website in November 2025.
Action 56 – Increase the number of people taking part in clinical trials, including children and young people.		The Cancer Research Strategic Framework for Northern Ireland identifies increasing access to cancer clinical research as a key priority and outlines actions required to achieve this.

Action 57 – Review the data required for the effective delivery of cancer services in alignment with encompass.		The Health and Social Care Data Institute (HSCDI) undertook a consultation exercise in 2025 and identified a set of defined activities in relation to addressing the DoH Data for Cancer roadmap. HSCDI teams are engaged in numerous cancer data workstreams.
Action 58 – Develop a cancer data framework to inform and improve cancer services and facilitate research.		The Cancer Research Strategic Framework for Northern Ireland identifies empowering the use of data to enhance cancer research as a key priority and outlines actions required to achieve this.
Action 59 – Review the Northern Ireland Cancer Registry.		Work has begun to plan a review of the NICR, and this is expected to progress over the coming year.
Action 60 – Make provisions to allow secondary use of data to allow benchmarking of Northern Ireland cancer outcomes across the UK.		A Bill of Amendment, to address errors in the Control of Data Process Act (NI) 2016, has been finalised and will be considered under the current legislative timetable. This refers to the legislation, and regulations, to put in place a statutory committee, a code of practice, fines and penalties and a public 'opt out' mechanism for the use of identifiable data without explicit consent for a secondary purpose.