



# Cancer Incentive Scheme 25/26 Primary Care Networks Guidance Pack

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## 1. Introduction

Supported by the Humber and North Yorkshire Cancer Alliance Awareness and Early Diagnosis Team, the Humber and North Yorkshire Cancer Incentive Scheme provides financial support to PCNs in their work on early cancer diagnosis. Thank you for agreeing to take part in this Scheme. The scheme is allocating around £500,000 to Primary Care across Humber and North Yorkshire for a breadth of activities that support improvement in early detection of cancer in Primary Care.

Central to this funding is financial support for the time of both an identified Clinical Cancer Lead (GP) and a Non-Clinical Cancer Lead (a senior administrative role), along with other activities related to cancer referrals (including a limited cancer case audit), screening uptake, and cancer awareness.

The scheme starts in October 2025 and runs through to the end of September 2026.

### 1a. Why are we introducing a Cancer Incentive Scheme?

The Humber and North Yorkshire Cancer Alliance recognises that GPs and all teams within primary care are critical for early cancer detection and play a vital role in achieving the ambition of the NHS Long Term Plan to diagnose three in four cancers at an early stage (stage one or two). Aligned with that ambition, this scheme aims to support general practitioners and their teams in detecting cancer at an early stage.

While many PCNs will already be engaged in improving activity on cancer, the increasing workload pressures in Primary Care mean that dedicated resources for these activities are harder to allocate. This funding package offers a universal level of support for a range of cancer initiatives, including screening programmes, case finding, and reporting. The aim is to incentivise and encourage these activities and help improvements in practice.

### 1b. What is the offer?

The Cancer Incentive Scheme is dedicated funding to support the early diagnosis of cancer within GP practices. This will be achieved by funding specific capacity and activities within primary care.

At the core are funds to support dedicated time for both a GP cancer lead role, and a non-clinical cancer lead role for each PCN. This will ensure a focus on dedicated cancer-related time within job plans from both a clinical and non-clinical perspective. On top of this is a targeted approach to key activities that support early diagnosis through referrals, such as cancer case audits, prostate case-finding protocols, and the development of safety-netting processes.

In addition, there will be a focus on improving cancer screening uptake, such as enhancing smoking status records and implementing new patient communications about screening programmes, with the aim of increasing uptake and ensuring that appropriate patients are invited to these diagnostic pathways.



### 1c. Work to be included

Each PCN has a tailored financial package with some limited variation to recognise the additional challenges both of having multiple GP practices involved and the deprivation level of the patient population. With the allocation of the funding, the below is an overview of what work would be carried out as part of that funding.

- £5,000 Named PCN GP cancer lead (1/2 session)
- £3,200 Named PCN non-clinical cancer lead (senior admin 2hrs)
- Coordinated cancer case audit – Audit of specific tumour cases in primary care. For example, carry out the pancreatic cancer case finding pilot which will be circa £25 per case (funded for 20 cases per PCN)
- Implement prostate cancer case-finding toolkit – The cancer alliance has developed a prostate case-finding toolkit to facilitate proactive and opportunistic assessment of high-risk patients for a prostate cancer diagnosis. The toolkit has been developed to target specific cohorts of patients including Black Men and Men with a Family History of Cancer.
- Review and improve safety-netting process for patients referred on USC, patients with worrying symptoms, patients undertaking tests (e.g. FIT). Linked to education offering and system support (QI facilitators) PCN-directed cancer-focused QI activity. This activity would be supported by Cancer Quality Improvement Facilitators.
- Cancer focused QI activity - Undertake QI activity focused on cancer (supported by QI facilitators) - e.g. shared templates for cancer presentations
- Implementing strategies to manage Lung Screening incidental findings
- Maximising use of LD and SMI health checks to promote screening
- Improving smoking status data (ahead of Lung Cancer Screening)
- Send letters and/or text to patients entering new screening cohorts to inform patients in advance that they will be called up for screening.
- Community of practice for primary care screening activity.
- GP Education via GatewayC
- Commitment for all non-clinical staff to attend cancer champion training.

If you are already undertaking some of this work and believe you could use some of the allocated funds to support a separate piece of early cancer diagnosis work, we would be happy for you to proceed. However, we kindly ask that you inform us by emailing [HNYICB-ERY.CIS@NHS.NET](mailto:HNYICB-ERY.CIS@NHS.NET)



## 2. Expectation of the GP Cancer Lead Role

Within the Cancer Incentive Scheme £5000 has been allocated to contribute to 2 hours of clinical lead time per week within the PCN. We have three key tasks included within this role.

- Ensure Cancer is highlighted and championed at PCN meetings.
- To promote the initiatives in the Cancer Incentive Scheme amongst GP colleagues.
- Acting as a point of contact to disseminate cancer information from the Cancer Alliance to the PCN/Practices.

### Support

The Cancer Lead role will be supported by the Cancer Alliance team via the email [HNYICB-ERY.CIS@NHS.NET](mailto:HNYICB-ERY.CIS@NHS.NET).

### Reporting requirement

As part of the Cancer Incentive Scheme a Reporting Template has been developed. The section which needs completing is referenced below. Please provide details by the end of November 2025.

Clinical Lead details	Name:	Email:
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## 3. Expectations of the PCN non-clinical Lead role

The Non-Clinical Lead role is integral in working with the PCN Clinical Lead and the Cancer Alliance. £3200 has been allocated to fund this role which has been costed at an Agenda for Change Band 8a at 2 hours per week. The key tasks for this role are:

- Ensure Cancer is highlighted and championed at PCN meetings and Practice Manager meetings.
- Promote initiatives in the Cancer Incentive Scheme amongst Administration personnel.
- To encourage reporting completeness from GP practices.
- Support the GP Cancer Lead Role
- Work with the Cancer Improvement Facilitator to highlight Quality Improvement projects.

### Support

The Cancer Lead role will be supported by the Cancer Alliance team via the email [HNYICB-ERY.CIS@NHS.NET](mailto:HNYICB-ERY.CIS@NHS.NET).



### Reporting requirement

As part of the Cancer Incentive Scheme a Reporting Template has been developed. The section which needs completing is referenced below. Please provide details by the end of November 2025.

Non-Clinical Lead Details	Name:	Email:
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### 4. Coordinated cancer case audit – Pancreatic Cancer

Please see the embedded guide:



Pancreatic Case Audit  
v5.docx

### 5. Implement prostate cancer case-finding toolkit

The details of the Prostate Cancer Case-finding toolkit are being reviewed from an ICB and Secondary Care Governance perspective and we hope to have the details issued in December 2025.

The project has been split into 2 phases. Funding has been allocated dependent on which phase your PCN undertakes.

### 6. Review and improve safety-netting processes for patients with potential signs and symptoms of cancer

Having effective strategies to monitor patients through diagnostics processes until symptoms are explained or resolved is a vital tool in managing diagnostic uncertainty. For Primary Care teams these strategies can be used to

- Support patients with non-specific or low-risk symptoms by providing clear information and arranging time-bound follow-up
- Ensure patients complete investigations and attend referrals
- Monitor persistent symptoms even after negative test results

While these strategies are essential across a wide range of diseases and conditions, they can play a vital part in ensuring patients with potential cancer symptoms are managed effectively and support reaching a diagnosis at the earliest possible stage.

All Primary Care professionals and teams will have safety-netting strategies in place as part of their everyday practice. These will vary between settings and are not a one-size-fits-all scenario. We are asking that PCNs review the safety netting strategies in use across their practices, with a particular focus on how patients with vague symptoms and repeat presentations/consultations are tracked and managed.

Cancer Research UK has recently updated its resources on safety netting, and this is a useful guide to use when reviewing your processes and strategies:



<https://www.cancerresearchuk.org/health-professional/diagnosis/primary-care/safety-netting>

### Reporting requirement

The section which needs completing is referenced below in the reporting template embedded later in this document

Review and improve safety-netting process for patients with potential signs and symptoms of cancer  Not started  Planned  In progress  Complete  
Please provide a **brief** summary only if there is a progress update

### 7. Cancer focused QI activity

We would like you to undertake a Cancer Focused Quality Improvement (QI) activity centred on a cancer tumour site or specific cancer-related process of your choice. This could involve improving early detection, enhancing patient referral pathways, streamlining diagnostic processes, or optimizing post-diagnosis patient support within your network. Your selected focus should be based on local priorities, patient needs, or identified gaps in cancer care to maximise impact.

To begin, review current practices and data related to your chosen tumour site or cancer care process. Identify key areas where improvements can be made, set clear, measurable objectives, and design interventions tailored to your context. Throughout the activity, engage multidisciplinary team members and, where possible, include patient perspectives to ensure comprehensive care improvements. Regularly monitor progress using relevant metrics and how you could share your findings

### Reporting requirement

The section which needs completing is referenced below in the reporting template embedded later in this document

Cancer focused QI activity  Not started  Planned  In progress  Complete  
Please provide a **brief** summary only if there is a progress update. Please contain which tumour site/process has been reviewed and outcome

### 8. Implementing strategies to manage Lung Screening incidental findings

The detail of this project is currently under review and we will provide details in April 2026.

### 9. Maximising use of LD and SMI health checks to promote cancer screening.

Health checks are especially important for patients with learning disabilities and severe mental illness because they help ensure these individuals receive regular cancer screenings that might otherwise be missed. These health checks provide a



safe and supportive space where doctors can explain the benefits of screening in ways that are easier to understand and address any fears or concerns. Early detection through screening is vital, as it can lead to better treatment outcomes. By making cancer screening more accessible and tailored during GP health checks, we can help reduce health inequalities and improve overall well-being for people with learning disabilities and severe mental illness.

Promoting cancer screening to patients with learning disabilities and severe mental illness (SMI) during the annual health check requires a thoughtful, patient-centred approach. Where Primary Care teams are delivering or supporting these activities, we are asking that you look for opportunities to use these important contact points to promote cancer screening to these high priority groups. Here are some effective strategies:

- **Use Clear, Simple Language:** Explain the purpose and benefits of screening in plain, easy-to-understand terms. Avoid medical jargon to make the information accessible.
- **Visual Aids and Easy-Read Materials:** Provide leaflets, diagrams, or videos designed specifically for people with learning disabilities that clearly show what screening involves.
- **Build Trust and Reassurance:** Take time to listen to any fears or concerns, offering reassurance about the safety and importance of screening.
- **Involve Support Networks:** Encourage the presence of family members, carers, or advocates during the discussion to help explain and support the patient's decision.
- **Tailor the Approach:** Adapt communication and the health check environment to meet individual needs, such as scheduling longer appointments or offering a quiet, comfortable space.
- **Use Reminders and Follow-Up:** Set up personalised reminders and follow up on screening invitations to ensure patients feel supported throughout the process.
- **Empower Choice:** Respect the patient's autonomy by involving them in decision-making, explaining all options, and supporting them to make informed choices.

We have provided you some helpful information below regarding the screening programmes.

## Bowel

[Bowel screening instructional video for people with learning disabilities](#)

[Bowel cancer screening communication board.pdf](#)

[An Easy Guide to Bowel Cancer Screening - 2021.pdf](#)

[Bowel cancer screening An easy read guide](#)

[Using your bowel cancer screening kit on Vimeo](#)



### Breast

[An Easy Guide to Breast Screening - 2021 updated .pdf](#)

[Breast screening: easy guide - GOV.UK](#)

[Breast care and screening | Easy read booklet | Macmillan Cancer Support](#)

[What to expect during the breast screening procedure | Hull University Teaching Hospitals NHS Trust](#)

[Body-diary-breast-cancer-A4.pdf](#)

[Checking-card-Breast-cancer.pdf](#)

[Checking-card-Breast-cancer-pecs.pdf](#)

[Checking-card-Breast-cancer-pecs-and-breasts.pdf](#)

### Cervical Screening

[Accessing cervical screening with the right support for people with a learning disability](#)

[Cervical screening: an easy guide - GOV.UK](#)

[Cervical screening easy read booklet | Macmillan Cancer Support](#)

### Lung



LCS Booklet Easy  
Read version final.doc

### Reporting requirement

The section which needs completing is referenced below; summarise what new initiatives have been taken to improve the promotion of cancer screening for LD and SMI patients.

<p>Maximising use of LD and SMI health checks to promote cancer screening</p> <p><input type="checkbox"/> Not started <input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Complete</p> <p>Please provide a <b>brief</b> summary only if there is a progress update</p>
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## 10. Improving Smoking Status

Capturing smoking status in GP practices plays a vital role in supporting NHS screening programmes. Smoking is a major risk factor for several diseases that NHS screenings aim to detect early, such as lung cancer, cardiovascular disease, and chronic obstructive pulmonary disease (COPD). By accurately recording which patients smoke, GPs enable more effective risk stratification. This means that high-risk individuals, particularly smokers, can be identified and prioritised for targeted screening invitations. Such targeted approaches improve the cost-effectiveness and clinical impact of the screening programmes.

Furthermore, knowing a patient's smoking status allows healthcare providers to personalise preventive care. For example, when screening results indicate potential health concerns, smokers can receive tailored advice and be referred to smoking cessation services, which helps reduce future disease risk. This personalised approach not only supports the immediate goals of screening but also promotes long-term health improvements.

Recording smoking status also helps improve patient engagement with screening and cessation programmes. When patients are aware that their smoking habits are being monitored and addressed within their care, they are often more motivated to participate in screening and consider quitting smoking. This link between screening results and cessation support can be a powerful motivator for behavioural change.

On a broader scale, aggregated data on smoking status collected from GP records feed into NHS databases, supporting population health management. This information helps the NHS to monitor screening coverage, assess the effectiveness of programmes, and identify health inequalities across different communities. Such data are essential for public health surveillance and for planning resources efficiently.

Finally, capturing smoking status aligns with NHS quality frameworks and incentives, such as the Quality and Outcomes Framework (QOF), which encourage practices to maintain systematic and accurate health records. This alignment ensures that smoking status is consistently recorded and integrated with other health initiatives like screening programmes.

In summary, recording smoking status in GP practices enhances NHS screening programmes by enabling better risk targeting, supporting personalised care, increasing patient engagement, improving population health monitoring, and reinforcing quality improvement efforts. Together, these factors help maximise the benefits of screening and contribute to reducing the burden of smoking-related diseases.

Here are some strategies you can implement for improving the recording of smoking status.

- Systematic screening during routine visits or registration.
- Use of electronic health record prompts – automatic reminders for staff to ask about smoking.



- Annual review triggers – e.g., link smoking status checks to chronic disease reviews (e.g. diabetes, COPD, asthma).
- Training non-clinical staff (e.g., receptionists, HCAs) to ask and record smoking status where appropriate.
- Opportunistic questioning – ask during any appointment, especially during check-ups or new patient registrations.
- Standardised templates – make smoking status a mandatory field in review forms
- Using SMS communications systems to reach those who do not have a status recorded

### Reporting requirement

As part of the Cancer Incentive Scheme a Reporting Template has been developed. The section which needs completing is referenced below please let us know what systems you have put in place to support the recording of smoking status.

Improve Smoking Status recording <input type="checkbox"/> Not started <input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Complete Please provide a <b>brief</b> summary only if there is a progress update

### 11. Advanced notice of Screening Call Up

Providing patients with advanced notice of upcoming cancer screening invitations — before NHS England sends the official invite — can significantly improve engagement and outcomes. Many patients are unaware of what screening involves or that they are eligible, especially if it’s their first time. A simple message or conversation from their GP practice can prepare them, reduce confusion, and increase the likelihood they’ll respond when the NHS letter arrives.

Advanced notice also helps to increase uptake. Messages from a trusted local GP carry more weight than a national letter alone and can prompt action, particularly for screenings like cervical or bowel, where participation is often lower. It’s especially valuable for patients in deprived or marginalised groups, who may not understand the NHS letter or may face barriers to accessing care. Early outreach allows practices to offer support via social prescribers or care coordinators before patients are missed.

This approach supports key NHS goals, including QOF targets and PCN DES priorities around improving screening uptake and tackling health inequalities. It also fits well within “Making Every Contact Count”, allowing staff to briefly mention upcoming screening during other routine appointments. In short, advanced notice is a simple, low-cost intervention that helps more patients take up life-saving screening at the right time.



### Why This Matters

Studies show many patients don't act on invites because:

- They're unsure if it's important.
- They weren't expecting it.
- They fear the procedure.
- They don't understand the letter.

A simple heads-up from a trusted GP practice can dramatically increase uptake

Here are some short text message templates you may consider using...

### Bowel Cancer Screening

From your GP practice:

You'll soon receive a free NHS bowel cancer screening kit in the post. It's a simple test you do at home. Screening can detect signs of cancer early when it's easier to treat.

Please look out for the kit and complete it when it arrives.

More info: [nhs.uk/bowel](https://nhs.uk/bowel)

### Breast Cancer Screening

From your GP practice:

You'll soon receive an NHS invite for breast screening (a mammogram). It checks for early signs of breast cancer and only takes a few minutes.

We encourage you to attend when your letter arrives.

Learn more: [nhs.uk/breast](https://nhs.uk/breast)

### Cervical Screening

From your GP practice:

You're due for your NHS cervical screening (smear test) soon. It checks for cell changes that can lead to cervical cancer.

You'll get an NHS invite — when it arrives, please book your test. It's quick and can save your life.

More info: [Cervical screening - NHS](https://www.nhs.uk/cervical-screening)

### Reporting requirement

The section which needs completing is referenced below in the reporting template embedded later in this document

Advanced notice of Screening Call Up  Not started  Planned  In progress

Complete Please provide a **brief** summary only if there is a progress update



## 12. Community of practice for primary care screening activity.

The detail of this project is currently under review, and we will provide details in April 2026.

## 13. GP Education Gateway C

GatewayC is a free online cancer education platform developed in partnership with the NHS, designed to support GPs and primary care professionals in the early diagnosis and timely referral of cancer. The platform offers a range of interactive, evidence-based courses aligned with NICE guidelines, covering both common and less typical cancer presentations. Each module includes case studies, video consultations with specialists, and real patient stories to support clinical decision-making and build confidence in assessing potential cancer symptoms.

As part of this work, we would encourage GPs to complete the selected GatewayC courses outlined below. These have been chosen for their relevance to primary care and their potential to support earlier diagnosis and improved outcomes. The courses are CPD-accredited, flexible to access, and directly applicable to everyday practice.

### Links to training modules

[Supporting Your Patients](#)

[Improving the Quality of Your Referral](#)

[Pancreatic Cancer](#)

[Prostate Cancer](#)

### Reporting requirement

As part of the Cancer Incentive Scheme a Reporting Template has been developed. The section which needs completing is referenced below.

Gateway C training  Not started  Planned  In progress  Complete

Please provide a **brief** summary only if there is a progress update

## 14. Non-clinical staff cancer education – Cancer Champions

Understanding the risks of cancer and being aware of the key signs and symptoms of cancer is important for everyone, but particularly important for staff who meet and manage patients on a daily basis. As part of the Cancer Incentive Scheme, PCNs are asked to consider how they can integrate cancer awareness training within their staff development and induction processes. For reporting this activity

PCNs could, for instance, indicate the proportion of staff who have completed training, details of plans to ensure broad access to cancer awareness training, or details of how cancer awareness training has been integrated into staff induction processes.

It is hoped that Primary Care staff in Humber and North Yorkshire could access training at least every five years. To support this staff can access online sessions delivered by the Cancer Champions team. We would encourage all staff who have not been able to access Cancer Champions training in the last 5 years to access the training sessions.

The online sessions will help staff have a deeper understanding about cancer risks, signs and symptoms and cancer screening, and then allow them to reflect on how this knowledge can help improve cancer outcomes for their patients.

The sessions are designed to be interactive and informal, with attendees being encouraged to ask questions throughout.

Cancer Research UK estimate that 1 in 2 people in the UK will have a cancer diagnosis at some time during their life, we do believe that knowledge really is power. We know that early diagnosis is the best form of defence, and the Cancer Champion programme is part of the Alliance's strategy to facilitate the education of the public to:

- Attend screening
- Know the signs and symptoms
- Normalise cancer conversations
- Encourage people to get to know their bodies and what is normal for them
- Raise awareness of the importance of presenting with symptoms to their GP at the earliest possible opportunity.

After each session every attendee receives the links to the videos shared and a digital Cancer Champions handbook. We can also provide our Cancer Champions certificate and badge.

Booking link

<https://www.eventbrite.co.uk/e/cancer-champions-free-online-awareness-sessions-tickets-115965246173?aff=oddtcreator>

In addition, the Cancer Alliance are developing an interactive video training module, which we hope to be available before April 2026.

### Support

For booking enquiries or more information on Cancer Champion training please use the below contact details.

Cancer Champion inbox email: [hny.cancerchampions@nhs.net](mailto:hny.cancerchampions@nhs.net)

Telephone: 07519 120809



### Reporting requirement

As part of the Cancer Incentive Scheme a Reporting Template has been developed. The section which needs completing is referenced below.

Non-clinical staff cancer education  Not started  Planned  In progress  Complete  
Please provide a **brief** summary only if there is a progress update

### 15. Reporting Template

A simple reporting tool will be developed to be completed by primary care to be then collated and reviewed by the Awareness and Early Diagnosis Team and the HNY Cancer Alliance.



Cancer Incentive  
Scheme Reporting Te

The reporting template should be completed and returned by the following dates

- November 2026 – Clinical Lead and Non-Clinical Lead details only
- January 2026
- April 2026
- July 2026
- September 2026 – Final report

### 16. Cancer Quality Improvement Facilitators

There will be three 6-month fixed term posts to support primary care professionals and practice teams across the Humber and North Yorkshire regions. The main tasks of the CQIF will include:

- Assisting PCNs with the analysis and interpretation of statistics relevant to prevention, screening, and early diagnosis.
- Share best practice, tools and resources to support PCNs to adopt quality improvement interventions that will contribute to achieving earlier cancer diagnosis and better outcomes for patients.
- Support PCNs to develop early cancer diagnosis improvement plans in line with the PCN Cancer Direct Enhancement Scheme, Invest and Impact Fund and other relevant contracts.

We are currently working with organisations to host these roles. Once we have formed hosting partners and recruited the Cancer Quality Improvement Facilitators, we will be able to inform you of the local Facilitator.



## Contacts

For all enquiries, please contact [hnyicb-ery.cis@nhs.net](mailto:hnyicb-ery.cis@nhs.net)

### 17. Key Contacts

Contact	Email
Cancer Incentive Scheme Inbox	<a href="mailto:hnyicb-ery.cis@nhs.net">hnyicb-ery.cis@nhs.net</a>
Andy Jennians Project Delivery Manager Awareness and Early Diagnosis Humber and North Yorkshire Cancer Alliance	<a href="mailto:a.jennians@nhs.net">a.jennians@nhs.net</a>
Jonathan Bateman Programme Lead Awareness and Early Diagnosis Humber and North Yorkshire Cancer Alliance	<a href="mailto:jonathan.bateman2@nhs.net">jonathan.bateman2@nhs.net</a>
Cancer Champions Team – Humber and North Yorkshire Cancer Alliance	<a href="mailto:hny.cancerchampions@nhs.net">hny.cancerchampions@nhs.net</a>
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