

Developing a 10-year cancer plan for Humber and North Yorkshire

Humber and North Yorkshire Health and Care Partnership consultation

Yorkshire Cancer Research response, April 2026

1. Which best describes you?

Please select one

* Mandatory

Person with current or previous experience of cancer (patient)

Carer / family member of someone with cancer

Person working in cancer services (clinical, managerial, support, voluntary sector)

Person working in non-cancer specific health and care roles

Member of the general public

Other

2. If you work in cancer services, which setting do you mainly work in?

* Mandatory

Primary care

Acute trust

Community services

Diagnostics

Public health

Voluntary / charity sector

I don't work in cancer services

Other

3. Do you live or work in Humber and North Yorkshire?

* Mandatory

Yes

No

4. Which local area in Humber and North Yorkshire are you most connected to?

* Mandatory

- The Charity covers the whole of Yorkshire including Humber and North Yorkshire

Section 2: Awareness and Overall Views

The National Cancer Plan sets out ambitions to:

- Improve cancer prevention
- Diagnose cancer earlier
- Start treatment faster
- Improve quality of life and personalised care
- Reduce inequalities

5. Overall, how strongly do you support these ambitions?

* Mandatory

Strongly oppose

Oppose

Neutral

Support

Strongly support

6. Which two of these ambitions matter most to you locally?

(Select up to 2) * Mandatory

Cancer prevention

Earlier diagnosis

Faster access to treatment

Better quality of life and support

Reducing inequalities

Research and innovation

Section 3: Cancer Prevention

7. How important do you think cancer prevention should be as a priority in Humber and North Yorkshire?

(Select 1)

* Mandatory

Not important

Slightly important

Moderately important

Very important

Extremely important

8. Which prevention actions should be prioritised locally?

(Select up to 3)

* Mandatory

Reducing smoking and vaping

Supporting healthy weight and physical activity

Reducing alcohol harm

Improving access to screening programmes

Targeted prevention in deprived communities

Education and awareness campaigns

Other- Reducing smoking but not all vaping as it is a useful and effective smoking cessation tool

9. To what extent do you agree with the following statement: "Prevention services in my local area are easy to access and meet the needs of different communities."

(Select 1)

* Mandatory

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

10. What could be done differently or better locally to help prevent cancer?

* Mandatory

Automatic enrolment in stop smoking services

Tobacco is the leading cause of preventable cancer and premature deaths in England, responsible for around 1 in every 7 cancers diagnosed each year. In Humber and North Yorkshire, this is equivalent to 1,369 smoking related cancers annually.^{1, 2} Smoking is also strongly linked to deprivation, accounting for at least half of the difference in life expectancy between the most and least deprived groups.³

In Yorkshire, 12% of adults smoke, the equivalent of 1 in 8. This is the highest smoking rate of the nine regions in England and above the national average of 10%. Prevalence within the region varies considerably, ranging from 7% in York to more than 18% in Hull.

Stop smoking support is the most effective method of quitting and is three times more effective than quitting without support.⁴ Of people who set a quit date with stop smoking services, Yorkshire saw a higher proportion of people successfully quit smoking than any other region in England. Between April 24 to March 25: 63% of people in Yorkshire who tried to stop smoking with the support of local stop smoking services reported they were still smokefree a month later, exceeding the national average of 54%.⁵ This represents nearly 14,000 people in Yorkshire, totalling 11% of all quits in England. Despite these strong outcomes, stop smoking services in Yorkshire have the lowest rate of people setting a quit date with these services.⁵ This gap highlights the need for services to expand their reach and remove barriers to access. Once people are engaged, stop smoking services consistently deliver strong results and significantly increase the likelihood of quitting for good.

To improve uptake for stop smoking services, and therefore reduce the impact of smoking on cancer, Yorkshire Cancer Research recommends Humber and North Yorkshire Cancer Alliance adopt automatic enrolment into stop smoking services across a range of touchpoints within the NHS. By automatically enrolling people who smoke whenever they interact with the health service, individuals would be offered gold-standard support at every appropriate opportunity. This should operate on an opt-out basis, ensuring that support becomes the default pathway rather than something people need to actively seek out. Yorkshire Cancer Research estimates that by incorporating opt-out smoking cessation across different clinical settings in Humber and North Yorkshire, an additional 4,566 people would be supported to quit smoking, leading to 1,336 life years gained.

Embedding automatic enrolment within existing appointments or waiting times means people who otherwise may not have engaged with the service due to lack of time, awareness or self-belief are more likely to engage with smoking cessation services. For many people who smoke, especially those who have smoked for a considerable amount of time and may have tried quitting before without success, simply handing them a leaflet or giving them brief advice to quit is not enough to encourage them to quit. Smoking cessation services must adapt to capture people's attention in diverse settings.

This approach is already supported nationally. Both the NHS 10 Year Health Plan and National Cancer Plan have committed to deliver opt-out smoking cessation support within all routine care within hospitals. Humber and North Yorkshire Cancer Alliance has the opportunity to exceed this national baseline. Yorkshire Cancer Research recommends the 10-year cancer plan for Humber and North Yorkshire integrates automatic enrolment into smoking cessation services across a wider range of NHS touchpoints, beyond just routine hospital care. This should include screening appointments, Accident & Emergency (A&E) waiting areas, mental health appointments and all stages of cancer diagnosis and treatment.

Distinction between smoking and vaping

It is also important to note that vaping should not be categorised in the same way as tobacco smoking.

Evidence shows that vaping products are far less harmful than smoking. Switching completely from smoking to vaping is likely to convey substantial health benefits over continued smoking.⁶⁻⁸ Vaping products are also the most popular and effective smoking cessation tool.⁹ Yorkshire Cancer Research estimates suggest that there are nearly 5,000 additional quitters each year in Yorkshire because of vaping products.¹⁰ However, while vaping is far less harmful than smoking, vaping is not completely risk free. For this reason, vaping products should not be used by people who do not smoke or who are not at risk of smoking.

To preserve the effectiveness of vaping as a smoking cessation tool, the 10 year cancer plan for Humber and North Yorkshire should treat vaping and smoking as distinct issues. The plan should ensure vaping products remain accessible and acceptable for people trying to quit smoking, while reducing their appeal to those who do not smoke, particularly young people.

Section 4: Cancer Diagnosis

11. How confident are you that people in Humber and North Yorkshire can get a cancer diagnosis quickly when they need one?

(Select 1)

* Mandatory

Not confident

Slightly confident

Moderately confident

Very confident

Extremely confident

12. Which aspects of diagnosis should be prioritised locally?

(Select up to 3)

* Mandatory

Access to GP surgery appointments

Faster diagnostic tests

Community Diagnostic Centres

Use of digital and AI tools

Better communication while waiting for results

Support for people with vague or persistent symptoms

Other:

- Tackling inequalities in early diagnosis

13. To what extent do you agree with the following statement: "Diagnostic services in my area are organised around people's lives (location, opening times, accessibility)."

(Select 1)

* Mandatory

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

14. What would make the biggest difference to improving cancer diagnosis locally?

* Mandatory

When cancers are diagnosed at an early stage there are often more treatment options and higher survival rates compared to cancers diagnosed at a late stage. For example, when lung cancer is diagnosed at the earliest stage, 5-year survival is 62.7% and when diagnosed at the latest stage it is 4.3%.¹¹

The National Cancer Plan set out an ambitious target for 5-year survival, committing to 75% 5-year survival by 2035. It is crucial that improvements to survival are seen across the country, not just in areas already doing well. Improving rates of early diagnosis will be critical to meeting this target. Yet in Humber and North Yorkshire, only 54.2% of cancers are diagnosed at an early stage.¹²

Yorkshire Cancer Research recommend increased innovation within screening programmes to increase early diagnosis. The National Cancer Plan demonstrated some commitment to this. For example, the Plan references trials which are looking at whether 'moving the scanner down' during lung screening is a cost-effective way to look for other cancers when people are receiving lung cancer scans and commits to rolling out this innovative approach

at scale if proven effective. This commitment is particularly welcomed by Yorkshire Cancer Research as the Charity funds the Yorkshire Kidney Screening Trial and TACTICAL1 which both explore this approach, the latter of which operates within the Humber and North Yorkshire Cancer Alliance lung cancer screening programme.

Again, Humber and North Yorkshire can go further. To embed sustained innovation within screening there is a need for a structured approach. Rather than identifying innovative approaches in an ad hoc manner, the Cancer Alliance can designate a named person responsible for integrating innovative developments which improve the uptake, effectiveness and impact on health inequalities. This individual should lead on the continual evaluation and improvement of screening programmes, working closely with researchers and funders to identify innovative and cost-effective interventions and embed them within existing screening programmes at pace.

Section 5: Cancer Treatment

15. How confident are you that people start cancer treatment quickly once a decision is made?

(Select 1)

* Mandatory

Not confident

Slightly confident

Moderately confident

Very confident

Extremely confident

16. How important are the following in improving cancer treatment locally?

* Mandatory

	Not important	2= Slightly important	3 = Moderately important	4 = Very important	5 = Extremely important
Access to specialist expertise					X

Use of new technologies and treatments					X
Coordinated care between services					X
Clear communication about treatment options					X

17. If you work in cancer services: what are the main barriers to delivering timely, high-quality treatment locally?

A significant barrier to delivering timely, high-quality cancer treatment in Yorkshire is the lack of equitable distribution of research funding.

Taking part in research allows people to access innovative treatments, technologies and techniques and can positively impact patient outcomes.^{13, 14} For example, bowel cancer patients treated in NHS hospital trusts with high levels of research participation had improved survival outcomes in the first year after diagnosis.¹⁵ Importantly, research active hospitals deliver better outcomes not only for patients enrolled in studies but also for those who are not directly involved.¹⁵ Studies show that hospitals with greater research activity are often faster to adopt innovative treatments.^{16, 17}

However, health research funding is highly uneven across regions. In 2022, in London, the equivalent of £102 per person is spent on health research, compared to just £25 per head in Yorkshire and the Humber.^{10, 18} Furthermore, the distribution of cancer research funding is also inequitable. In 2022, Yorkshire and the Humber received 6.0% of the total cancer research funding for England, whilst London received 46.4%. This disparity limits opportunities for patients in Yorkshire to access cutting edge treatments available elsewhere.

This is despite the outstanding quality of research happening in our region. In 2023/24, 24% of Yorkshire-based research applications to UKRI were successful, compared to 18% in London.¹⁹ Yet, the value of Yorkshire applications was £320 million, compared to over £1 billion in London.²⁰

Yorkshire saw a 25.6% decline in clinical academic posts between 2012 and 2022, four times the national decline.²¹ The latest data shows a slight recovery in the number of clinical academic posts across the UK and England in 2024. However, there has been a slower recovery in the number of posts in Yorkshire compared to nationally. A key challenge is that the number of new clinical academics entering the workforce is insufficient to match the rate of retirements, both regionally and nationally. As a result, the clinical research workforce is gradually eroding.

Given the demonstrable benefits of clinical research and the decline in clinical academic posts, the 10 year cancer plan for Humber and North Yorkshire should include strong measures to build and sustain a research-active workforce. Embedding research training into clinical training posts would help develop a robust pipeline of future clinical academics. Alongside this, the existing clinical workforce must be supported to participate in research. This includes ensuring that clinicians have protected research time built into their job plans. Research indicates that the majority of consultant doctors who would like to participate in clinical research do not feel they have the necessary protected time to do so.²² Ensuring access to dedicated research time would help unlock this potential, strengthen research capability across the region and improve access to timely, high quality cancer treatment.

18. What one change would most improve cancer treatment in Humber and North Yorkshire?

* Mandatory

Multi-modal prehabilitation and rehabilitation should be embedded into cancer care pathways. This should be comprehensive, evidence-based and aligned to best practice.

Yorkshire Cancer Research funds Active Together, which provides a comprehensive prehabilitation and rehabilitation pathway for people with cancer, including an exercise, nutrition and wellbeing component. A clinically led team delivers the multi-modal intervention comprising exercise, dietetic and psychological support. The service provides each patient with a personalised care plan tailored to their goals can be adapted to local populations. The Charity is currently in the process of rolling out this service across Yorkshire in collaboration with seven NHS Trusts in Yorkshire, including the newly established service with Hull University Teaching Hospitals NHS Trust, plus a further independent service at the Charity's head office in Harrogate. Delivery from one additional trust is expected to start in 2026/2027. The Charity recommends, following the leadership of these areas, multi-modal prehabilitation and rehabilitation is embedded into all cancer care pathways.

Active Together maximises fitness and wellbeing before treatment, enhances readiness for and tolerance of treatment, supports recovery and quality of life, increases the chance of long-term survival and reduces the likelihood of recurrence. Active Together is associated with an overall 10% improvement in survival for people with bowel, lung and upper gastrointestinal cancers.²³ Participants have shown clinically significant improvements in fitness, spent less time recovering in hospital after surgery and experienced fewer side effects.²³ A total of 97% of patients reported improved health and wellbeing, with many feeling more in control.²³ Additionally, Active Together was associated with a net saving of £366.36 per patient to the NHS, likely due to reduced time spent recovering in hospital.²³

Recognising this impact, the National Cancer Plan, drawing directly on Active Together as an exemplar, committed to "bring the best of the NHS to the rest of the NHS" and to set new national standards for prehabilitation and rehabilitation through cancer pathway manuals.

The 10 year cancer plan for Humber and North Yorkshire can build on this foundation by embedding high-quality, multi-modal prehabilitation and rehabilitation as a core component of cancer care pathways across the region. This would ensure that every person diagnosed with cancer has access to personalised support that prepares them for treatment, enhances recovery and improves long term outcomes.

To achieve this, the plan should adopt a region-wide model of multi-modal prehabilitation and rehabilitation, based on best practice from Active Together. The Active Together model is proven, evidence-based, can be tailored to local population needs and, where appropriate, can be delivered within community settings. Yorkshire Cancer Research estimates that if all people with cancer in Humber and North Yorkshire were offered prehabilitation and rehabilitation in line with the Active Together model 762 people would be supported every year, resulting in 675 life years gained.

To realise this impact, it is important that Humber and North Yorkshire retain the in-person elements of the service rather than interpreting the National Cancer Plan's 'digital first' wording too narrowly. By scaling an evidence-based model such as Active Together, Humber and North Yorkshire can lead the way in providing a holistic cancer pathway that improves fitness, resilience and quality of life, reduces treatment complications, shortens hospital stays and enhances survival.

Section 6: Living With and Beyond Cancer

19. How well do you think current services support people to live well during and after cancer treatment?

(Select 1)

* Mandatory

Very poorly

Poorly

Adequately

Well

Very well

20. Which types of support should be strengthened locally?

(Select up to 3)

Mental health and emotional support

Support with fatigue, pain and side effects

Support to return to work or education

Financial and practical advice

Care closer to home / in the community

Better coordination between services

Other

21. To what extent do you agree with the following statement: "People affected by cancer feel listened to and involved in decisions about their care."

(Select 1)

* Mandatory

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

22. What matters most to you about cancer care and support?

* Mandatory

It is important that cancer pathways not only deliver effective treatment but also help people maintain strength, independence, wellbeing and quality of life. Comprehensive, multi-modal prehabilitation and rehabilitation are central to achieving this. Although the benefits are wide ranging, prehabilitation and rehabilitation should be recognised as a fundamental component of cancer treatment itself, rather than viewed solely as supportive care for people living with and beyond cancer. Alongside improvements to cancer outcomes and cost savings for the NHS, Active Together is also associated with benefits to mental health, fatigue, pain and side effects. It can also reduce the amount of time people with cancer spend in hospital, shifting care from hospital into the community.

Evaluation results from the first year of operating in Sheffield show Active Together participants entered treatment stronger and fitter.²³ This meant they had a better chance of tolerating surgery, spent less time in hospital, had reduced side effects of treatment and recovered more quickly. For example, upper gastrointestinal patients who participated in Active Together spent half a day less in critical care than those who did not take part in the programme.

Strength based physical activity interventions before, during and after cancer treatment are important for reducing the impact of cancer treatment on the development or exacerbation of frailty. The evaluation of Active Together Sheffield used hand grip strength as a proxy measure for frailty.²³ During cancer treatment hand grip strength significantly decreased. Whilst the evaluation did not demonstrate that Active Together clinically improved hand grip strength overall, hand grip strength did significantly improve during the rehabilitation phase. These effects were stronger amongst female participants who were more likely to return to an above baseline hand grip strength level than male participants. People with cancer who do not receive structured support after treatment are at increased risk of long term frailty. In contrast, Active Together provides targeted rehabilitation that helps restore strength and reduce the long term physical impacts of cancer treatment.

Additionally, Active Together participants demonstrated reduced symptoms of anxiety, low mood and depression. Symptoms of depression and anxiety often emerge or increase after undergoing cancer treatment, once people have had a chance to consider the impact of their cancer diagnosis.

It is therefore significant that Active Together was able to effectively address mental health symptoms after treatment, potentially preventing the development or reducing the impact of multimorbidity. Overall, 97% of participants reported improvements in their health and wellbeing, with many feeling more empowered and in control of their health.

Delivering multi-modal prehabilitation and rehabilitation using the Active Together model supports multiple critical elements of the cancer pathway. It enhances treatment outcomes and brings substantial additional benefits, from reduced hospital stays to lower rates of frailty, anxiety and depression. To replicate these benefits across Humber and North Yorkshire it is important that delivery of prehabilitation is in line with the Active Together model. Therefore it is crucial that the National Cancer Plan's reference to offering digital first prehabilitation is not interpreted as digital only, as this approach is unlikely to achieve the same impact on cancer outcomes and patient wellbeing.

Section 7: Reducing Inequalities and Local Implementation

23. How important is it that local cancer services actively reduce inequalities between communities?

(Select 1)

* Mandatory

Not important

Slightly important

Moderately important

Very important

Extremely important

24. Which groups should be prioritised for additional support locally?

(Select up to 3)

* Mandatory

People in deprived communities

Rural communities

Ethnic minority communities

Disabled people

Children and young people

People with rare or less common cancers

Other – Coastal communities

25. What should local NHS organisations do differently to deliver the ambitions of the National Cancer Plan in Humber and North Yorkshire?

The National Cancer Plan is an ambitious strategy with the potential to have a significant impact on cancer outcomes across the country, including in Humber and North Yorkshire. There are several areas where the region can go further, and where Yorkshire Cancer Research has clear recommendations to help ensure that people in Humber and North Yorkshire benefit fully from national commitments and that existing health inequalities are reduced.

Targeted training places

The National Cancer Plan outlines the Department of Health and Social Care's plan to create more training places for cancer consultants in the places that need them most. It is critical that areas within Humber and North Yorkshire benefit from this measure, particularly its coastal and rural communities, where recruitment and retention pressures are often most acute.

In addition, Humber and North Yorkshire use the introduction of these training places as an opportunity to strengthen the local clinical academic workforce. By working with the Department of Health and Social Care and NHS England to build research training into new clinical training posts, the region can develop a future workforce with the capability to lead research, support innovation and improve outcomes for patients.

Prehabilitation and rehabilitation

It is critical that the delivery of the National Cancer Plan's commitment to universal, digital first prehabilitation for all people with cancer is implemented safely, equitably and in line with the evidence. The term "digital first" must not lead to digital only delivery. The Health Minister has confirmed in response to a Parliamentary Question that in person support should remain available wherever this is more appropriate and aligns with patient preference. Humber and North Yorkshire should ensure its approach reflects this.

Digital services can work well for some people, but that digital support must be personalised, live and interactive, not one size fits all prerecorded content. The Active Together programme already uses hybrid and remote live classes specifically for those unable to attend in person, ensuring the service remains tailored and responsive to individual needs. When delivering services such as prehabilitation and rehabilitation is also important to consider digital exclusion. Across North Yorkshire, East Riding, Hull, and Northern Lincolnshire, 2.4% of households, around 16,000 households, are unable to receive speeds of at least 30 Mbps. This is higher than the England average of 2.1%.²⁴

The availability of structured, in person support delivered within communities by a multidisciplinary team is essential to maximise outcomes. It is an important ambition of the National Cancer Plan to shift the delivery of prehabilitation services so that they are more accessible. However, a digital offer is not the only way to achieve this, exercise-based prehabilitation and rehabilitation services can be delivered in communities. Active Together provides access to exercise physiologists, cancer specialist trainers, dietitians and wellbeing staff who work directly with participants, ensuring consistent, safe and supported progress. Where possible, this is delivered in community venues such as leisure centres, gyms and the charity's purpose built, non-clinical centres. This in-person,

community model of support is based on patient feedback and is important for motivating participation, supporting adherence and enabling participants to build peer support networks.

Crucially, Humber and North Yorkshire should go further than the National Cancer Plan by offering both prehabilitation and rehabilitation to all people with cancer. The national plan provides universal prehabilitation but restricts rehabilitation to those with higher levels of need. This risks undermining the full benefits demonstrated in programmes such as Active Together.

Prehabilitation helps people build strength and improve fitness ahead of treatment. However, even for those who take part in prehabilitation, strength and fitness levels are weakened during treatment. Rehabilitation is critical to restoring fitness, reducing fatigue and frailty, rebuilding resilience and improving quality of life after treatment. Providing prehabilitation and not rehabilitation means that people will benefit from the increased strength and fitness ahead of treatment but will not be supported to regain their strength and wellbeing after treatment, potentially impacting their chances of survival, quality of life and ability to return to work.

Not offering rehabilitation for all people with cancer would be a significant missed opportunity for Humber and North Yorkshire's ability to deliver on the National Cancer Plan's ambition for 75% 5-year survival by 2035. Active Together is associated with a 10% improvement in survival, likely largely due to the rehabilitation element. When used in line with the evidence, programmes like Active Together can extend survival and can contribute to achieving the stated aim in the National Cancer Plan of 75% 5-year survival rate.

26. Is there anything else you would like to tell us about cancer prevention, diagnosis, treatment or care in Humber and North Yorkshire?

N/A

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