



NHS Borders Cancer Strategy 2026 - 2033



Introduction

Cancer touches the lives of so many people across our communities; patients, families, carers, and the dedicated professionals who support them. As we look ahead to the next seven years, this strategy sets out NHS Borders' renewed commitment to delivering high-quality, compassionate, and equitable cancer care.

This strategy aligns with the [NHS Borders Clinical Strategy](#) and the national [Recovery & Design: An Action Plan for Cancer Services](#), and is further supported by broader public health initiatives.

We recognise that the cancer landscape is evolving. More people are living with and beyond cancer, and our services must adapt to meet their changing needs. This means placing greater emphasis not only on treatment, but also on prevention, early detection, holistic support, and care delivered as close to home as possible.

Our vision is:

To provide high quality, safe, seamless and sustainable cancer services for NHS Borders' population from screening and diagnosis through treatment and beyond, recognising that prevention and early detection are as important as treatment and cure and that cancer, for many, is now a long term condition.

Services will be person centred, based on evidence and ensure best possible health outcomes. Underpinning this will be integrated multi-disciplinary working and communication across interagency and regional boundaries to ensure people affected by cancer are supported to have the best quality of life, including at end of life.

Shaped by the voices of our community and staff, this strategy reflects what matters most to them: timely diagnosis, clear communication, coordinated care, and support that treats the whole person, not just the disease.

While we are proud of the progress made, we acknowledge there is more to do. Through this strategy, we will continue to work in partnership with patients, families, staff, and regional colleagues to build a cancer service that is:

- **Resilient** to future challenges
- **Responsive** to individual and population needs
- **Guided by** our values of dignity, compassion, and respect

This strategy embodies our shared ambition to improve cancer care for everyone across the Borders.

National Context

The [Scottish Government Cancer Strategy 2023-2033](#) was published in June 2023, with the following vision:



Cancer Strategy for Scotland 2023-2033

“More cancers are prevented, and our compassionate and consistent cancer service provides excellent treatment and support throughout the cancer journey and improves outcomes and survival for people with cancer.”



The Strategy is underpinned by a [three year action plan](#), due for refresh during 2026.

Our own refreshed strategy supports relevant actions within this plan, including prevention, diagnosis, treatment, person centred care and workforce.

Regional Context

NHS Borders is part of the [South East Scotland Cancer Network \(SCAN\)](#), alongside NHS Dumfries & Galloway, NHS Fife, and NHS Lothian. Wherever possible, cancer services are delivered locally to ensure they remain accessible to patients.

Some specialist interventions, however, are provided regionally through the SCAN network. These include advanced diagnostics and treatments such as PET scanning, radiotherapy, and complex surgery. Other regional services include inpatient systemic anti-cancer therapy (SACT), specialist oncology surgery (e.g. upper gastrointestinal, hepatobiliary, and thoracic), access to clinical trials, and highly specialised procedures like molecular diagnostics.



Working regionally to improve cancer services



Local Context

In the Borders there are approximately 75 people newly diagnosed with cancer each month, and an estimated 5,900 people living with cancer. By 2030, one in two people will face a cancer diagnosis in their lifetime.

Cancer services for the NHS Borders population are delivered through a combination of locally provided care and regionally coordinated services. At present, the majority of regional services require patients to travel to the Edinburgh Cancer Centre, located at the Western General Hospital.

We also work closely with charitable and Third Sector partners to deliver effective care for patients.

It is preferable for patients to receive care as close to home as possible and efforts have been made in recent years to expand local service provision and repatriate more activity. However, certain limitations remain, such as the need for specialised equipment or training, or low patient volumes that make it difficult to maintain clinical competencies locally.

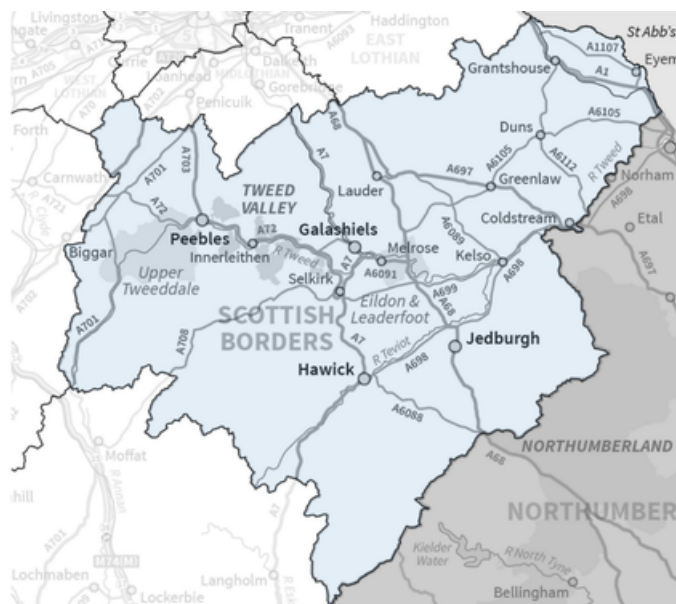
In addition to diagnosis and treatment, a wide range of support is offered to people during their investigations and treatment for cancer. Within hospital services, most people will meet a Cancer Nurse Specialist (CNS) shortly after diagnosis. The CNS provides holistic support throughout treatment and often continues to offer follow-up care beyond completion of treatment.

The [Cancer Information & Support Service \(CISS\)](#) is also available to provide specialist support, including for patients undergoing treatment at the tertiary centre who may not have access to a local CNS.



A Single Point of Contact (SPoC) is available to patients following initial referral into hospital with a suspicion of cancer and prior to diagnosis. For those with a confirmed diagnosis, SPoC also offers a prehabilitation assessment before treatment begins and pathway support.

Outside secondary care, [Improving the Cancer Journey \(ICJ\)](#) is a Macmillan funded service in the Scottish Borders that supports people newly diagnosed with cancer with any non-clinical concerns they may have. Through a personalised conversation and holistic needs assessment, the ICJ team provides tailored information, advice, and referrals to local and national services that can offer further support.

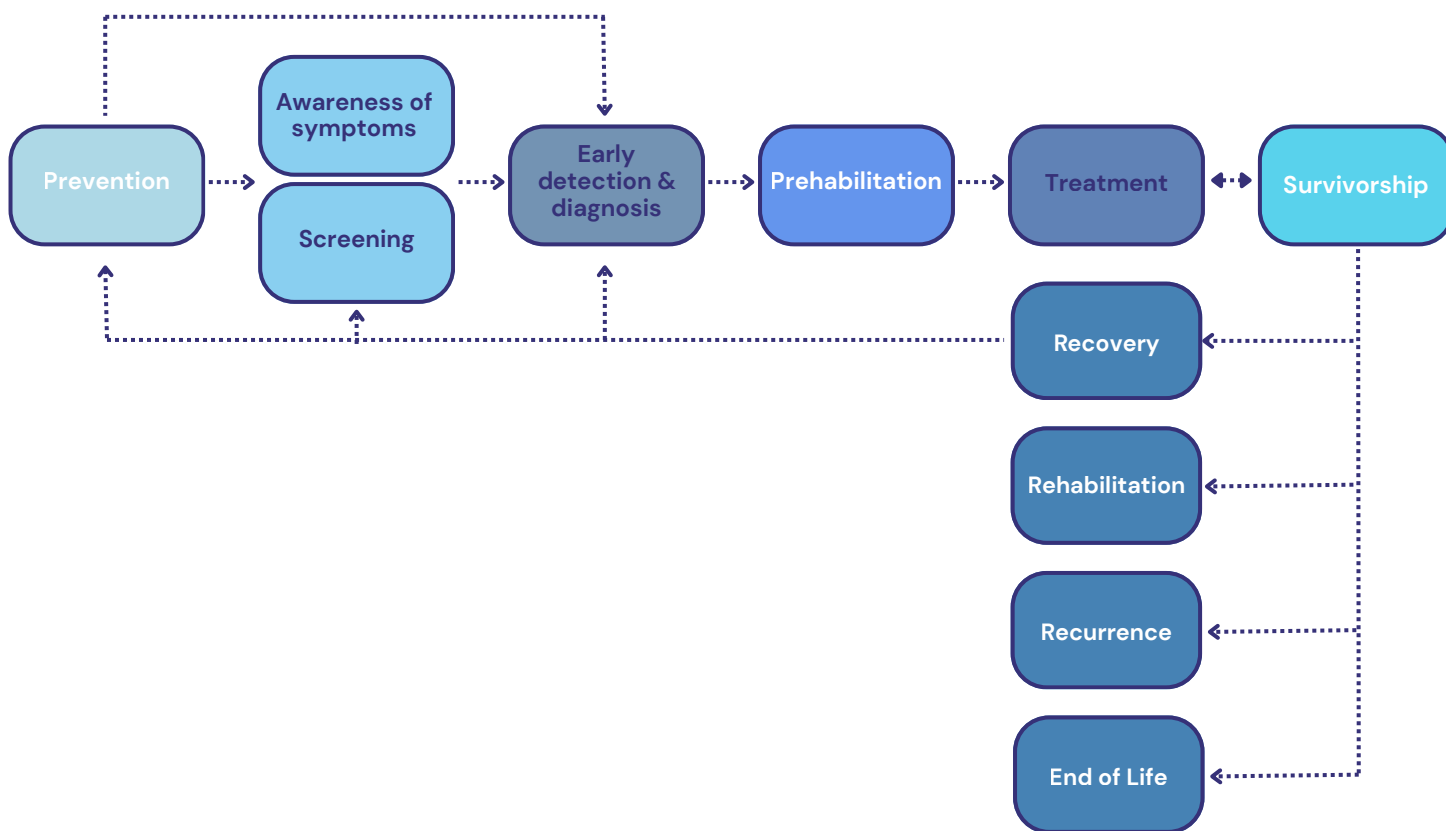


Scottish Borders Council Area: GovScot.com



The Patient Journey

The below diagram shows the patient journey through cancer services. The arrows between stages show that this journey isn't always straightforward and can vary depending on each person's experience.



Data

Where We've Been in the Last 10 Years

Over the past decade, cancer services in NHS Borders have evolved significantly. Despite the challenges posed by the COVID-19 pandemic, the region has seen improvements in diagnostic pathways, treatment capacity, and patient experience. However, rising incidence rates and persistent inequalities continue to shape the demand for services.

Demographic Breakdown of Cancer in the Scottish Borders

Cancer incidence and outcomes in the Scottish Borders reflect national trends, with notable variation across age, gender, and socioeconomic groups. Understanding these differences is vital for equitable care and targeted interventions.

Demographic breakdown of Cancer in the Borders



116,020

Population (mid 2021)



51.3%

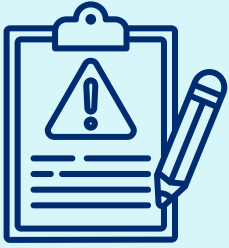
Female population



30.2%

45-64 population age group
(above national average)

Cancer Incidence



- Around **75** new cancer cases are diagnosed monthly in the Borders.
- The number of people diagnosed with cancer in the Borders is projected to rise by approximately **1.5%** each year.
- By 2030, **1 in 2** people are expected to receive a cancer diagnosis in their lifetime.
- The most common cancers in Scotland are **lung, breast, colorectal** and **prostate**.

Age and Gender Patterns

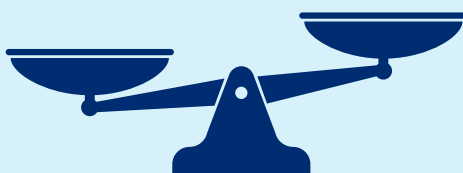


- Over **50%** of new diagnoses occur in those aged **70+**.
- Among **25 – 59** year olds, incidence is higher in **women**.
- Among those **65+**, rates are **50%** higher in men than women.
- Overall, men have higher incidence rates, especially for lung and colorectal cancers.
- **Breast** cancer is most common in women, **prostate** cancer in men.

Cancer statistics in Scotland

Socioeconomic Inequality

- Cancer mortality is **80%** higher in Scotland's most deprived areas.
- **12** additional deaths per day - or **4,300** annually - are linked to deprivation.
- **Lung** cancer accounts for nearly half of these excess deaths, driven by smoking rates four times higher in deprived areas.
- Cancer incidence is **24%** higher in the most deprived communities.



Children and Young People



Cancer is rare in those aged **0 - 24**, but when it occurs, blood, brain, and soft tissue sarcomas dominate, accounting for **70 - 77%** of cases.

Survival and Outcomes

Survival rates are improving due to earlier detection and better treatments. However, people in deprived areas face longer waits, poorer access, and lower survival rates across all major cancer types.

Cancer Treatments

Treatment types delivered across Scotland (including NHS Borders) include:

- **Systemic Anti-Cancer Therapy (SACT):** Chemotherapy, immunotherapy, and biological therapies.
- **Surgical Resection:** Tumour removal procedures, often as part of curative treatment.
- **Radiotherapy (delivered regionally):** Including external beam, brachytherapy, and radioisotope therapy.
- **Palliative Care:** Holistic care focused on improving quality of life for patients with advanced or incurable cancer.

Treatment volumes vary by cancer type, stage at diagnosis, and patient comorbidities. Most first-line treatments occur within 6-12 months of diagnosis.

Waiting Times

NHS Scotland monitors two key standards:

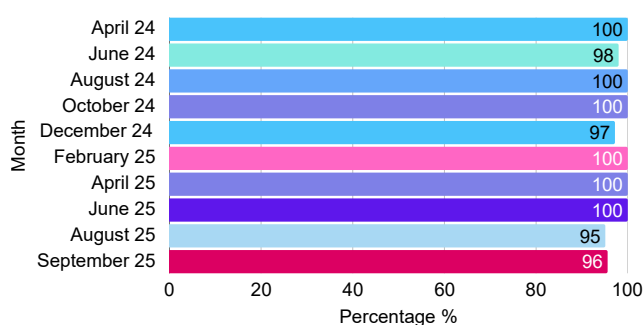
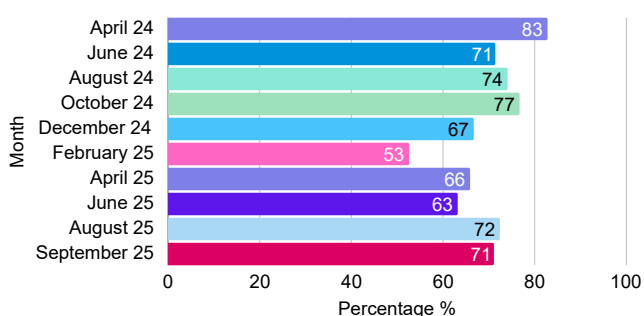
62-Day Standard: From urgent referral to first treatment.

NHS Borders performance: **Below target**, with only 68.9% of patients treated within 62 days (target: 95%)

31-Day Standard: From decision to treat to first treatment.

NHS Borders performance: **Met target**, with 94.1% of patients treated within 31 days

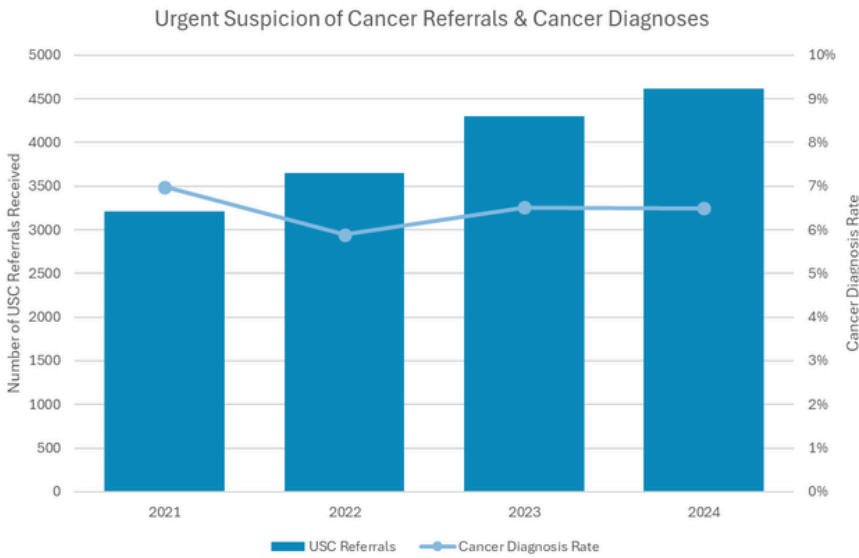
Despite meeting the 31-day standard, delays in the 62-day pathway highlight the need for improved coordination and diagnostic capacity to ensure achievement of the 95% standard.



Performance has been strong across most tumour sites, however, challenges within the Prostate and Lung cancer diagnostic pathways have affected our overall position. Addressing these two pathways is a key priority to enable us to consistently meet the 95% standard.

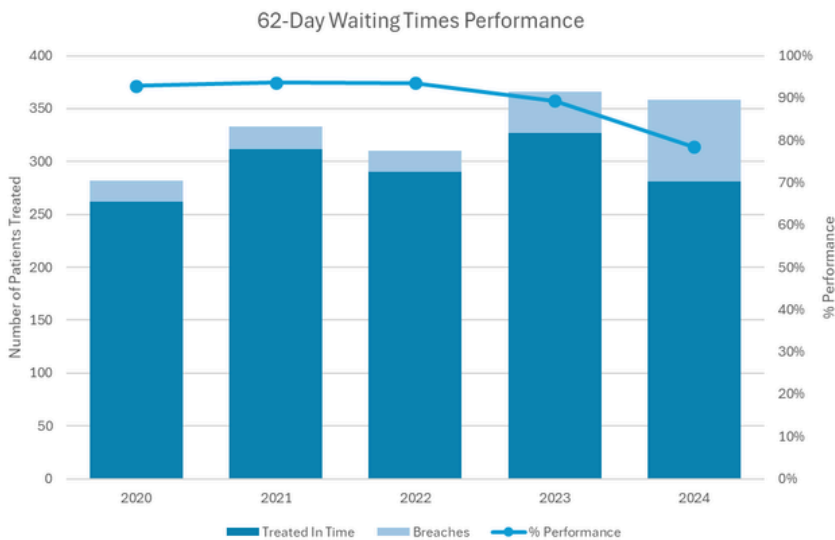
NHS Borders has maintained strong performance against the 31-day standard, consistently achieving 95% compliance between September 2024 and September 2025.

Over the last three years there has been an increase of 44% in the number of referrals from Primary Care requesting patients be investigated for cancer. The conversion rate to cancer diagnosis has been static at around 7%, indicating that this increase has largely been appropriate.



Data source: PHS <https://www.scotpho.org.uk/>

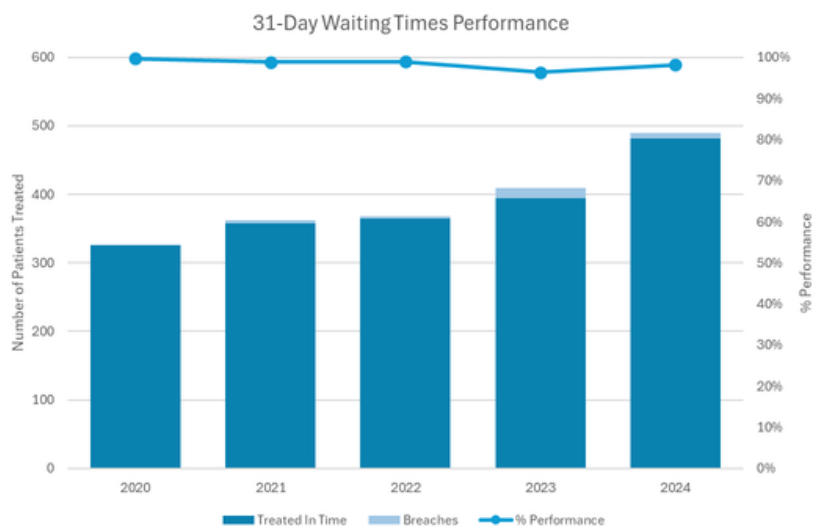
Being referred in this way ensures early access to diagnostics and other investigations, and that patients have access to support from receipt of their referral.



Data source: PHS <https://www.scotpho.org.uk/>

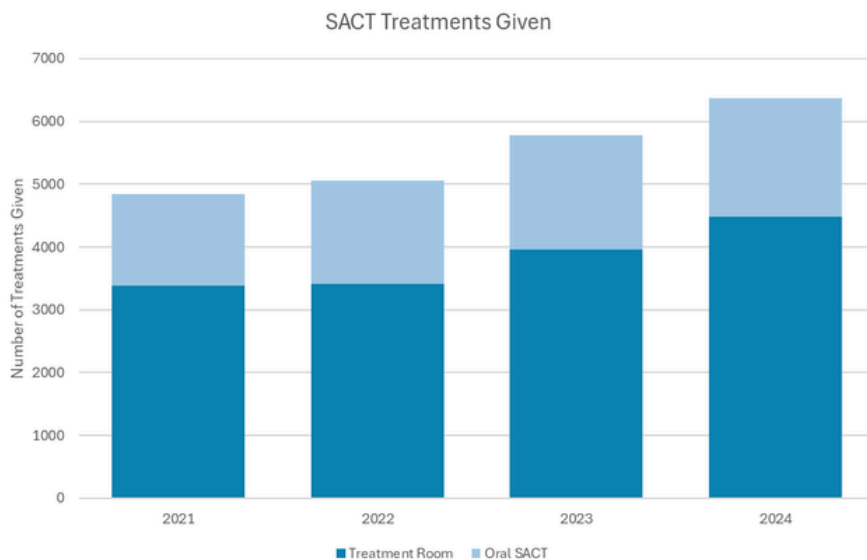
This increase in the number of referrals is reflected in the increasing number of completed pathways, however, there has been a noticeable deterioration in performance against the 62-day standard, from 93% in 2020 to 73% in 2024.

Performance against the 31-day standard for treatment remains strong however, with the standard being met for 98% of patients during 2024.



Data source: PHS <https://www.scotpho.org.uk/>





Over the past three years there has been an increase of 32% in the number of SACT treatments given in Borders; due to the availability of new treatments and improving treatment outcomes, it is predicted that the annual growth rate will continue at 8-10%.

Data source: PHS <https://www.scotpho.org.uk/>

Measuring our performance

Nationally, the key targets for cancer services are the 62-day and 31-day waiting times standards. The feedback from our community confirms that timely access to diagnosis and treatment is a priority for patients and families. Meeting these standards will be a key measure of success for NHS Borders.

In addition, we will continue to monitor wider treatment outcomes through the Quality Performance Indicator (QPI) audits, which are carried out regionally. These audits help ensure that patients receive appropriate investigations and treatments in line with best practice.

Cancer incidence data is published annually, and we will use this to track trends, identify emerging issues, and monitor progress against national goals - particularly those aimed at reducing late-stage diagnoses and tackling health inequalities.

Locally, we will also review SACT treatment volumes and capacity to support future service planning, in line with our workforce strategy.

What we said / what we did

The previous Cancer Strategy was written during 2021 and approved by the Quality & Sustainability Board in December of that year. It was developed in the context of the ongoing COVID-19 pandemic, which influenced several of the priorities and actions identified at that time.

Following its approval, three annual workplans were implemented to deliver the strategy's objectives, with oversight from the Cancer Strategy Board.

The programme of work has led to significant improvements in cancer services, particularly within the acute service. Key achievements include:



WORKFORCE & CAPACITY

COMPLETION OF THE ONCOLOGY WORKFORCE PLAN, INCLUDING DEVELOPMENT OF A NEW MEDICAL MODEL, INCREASES IN CAPACITY TO MANAGE RISING DEMAND AND REVIEW OF WORKFORCE TO ENSURE ARRANGEMENTS FOR SUCCESSION PLANNING.

REFURBISHMENT OF BORDERS MACMILLAN CENTRE FACILITY, INCLUDING AN INCREASE IN TREATMENT CHAIR CAPACITY TO MEET GROWING DEMAND.

OPERATIONAL EFFICIENCY

INTRODUCTION OF THE RAPID CANCER DIAGNOSTIC SERVICE (RCDS) TO PROVIDE A PATHWAY FOR NON-SPECIFIC SYMPTOMS WHICH MIGHT INDICATE CANCER.

COMPREHENSIVE REVIEW OF DIAGNOSTIC PATHWAYS FOR ALL TUMOUR SITES, WITH A PROCESS NOW IN PLACE TO ENSURE ANNUAL REVIEW.

STREAMLINING OF PHLEBOTOMY AND PHARMACY ASEPTIC PREPARATION PROCESSES FOR SYSTEMIC ANTI-CANCER THERAPY (SACT) TREATMENTS.

REVIEW AND OPTIMISATION OF CANCER TRACKING SYSTEMS AND PROCESSES TO ENSURE THAT THEY ARE ROBUST AND FIT FOR PURPOSE.

PATIENT EXPERIENCE & COMMUNICATION

INTRODUCTION OF THE SINGLE POINT OF CONTACT SERVICE (SPOC) TO IMPROVE COMMUNICATION WITH PATIENTS.

INTRODUCTION OF A UNIVERSAL PREHABILITATION PATHWAY FOR ALL PATIENTS NEWLY DIAGNOSED WITH CANCER.

IMPLEMENTATION OF PATHWAY FOR INCLUDING IMAGES WITH DERMATOLOGY REFERRALS FROM PRIMARY CARE, IMPROVING VETTING ACCURACY AND EFFICIENCY.

ACUTE SERVICE

ESTABLISHMENT OF A DEDICATED ACUTE ONCOLOGY SERVICE TO ENHANCE URGENT CARE AND REDUCE IMPACT ON THE SACT TREATMENT ROOM NURSING STAFF.

While the previous strategy focused primarily on acute cancer care, understandably shaped by the challenges of the pandemic, it has nonetheless delivered substantial improvements for patients undergoing investigation or treatment for cancer.

The next iteration of the Cancer Strategy will aim to deliver more comprehensive, system-wide change. This will include a stronger emphasis on prevention, early detection, community-based care, survivorship, and end-of-life support. This will ensure that improvements are felt across the entire cancer care pathway.

Engagement

To develop the Strategy, we adopted a whole-system approach to engagement, involving several services within NHS Borders and a wide range of stakeholders. This ensured the Framework is meaningful and aligns with the priorities of those delivering cancer services. Sincere thanks to all staff and members of the community who contributed, your input made this possible.

What the community told us

In April 2025, NHS Borders invited people living in the Borders to share their thoughts on cancer services. We asked what matters most to them, their families, and their friends. Below, we've highlighted the key messages and feedback we received.

From the **172** responses we received:

37% of respondents have or have had cancer

47% of respondents were a family member or close friend of a current/former cancer patient

16% of respondents answered as other

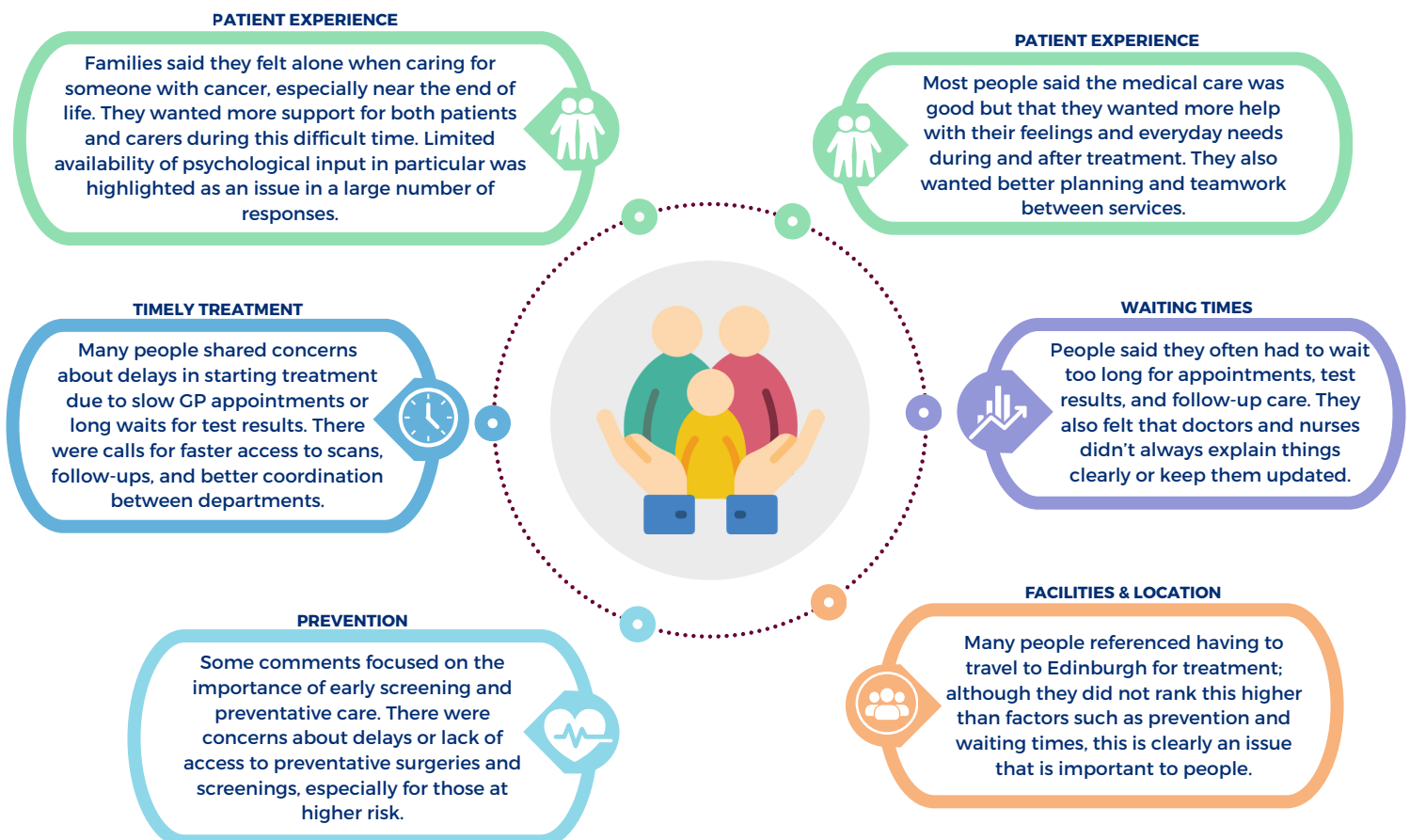
Respondents were asked to rank the following areas by importance to them:



Overall, early detection and screening was ranked as the most important consideration in developing the new Strategy. Waiting times, treatment and prevention all ranked closely followed by patient experience. Facilities & location, health inequalities and living beyond cancer were ranked lowest but it was noted in detailed responses that location was referenced frequently.

| | 1st Choice | 2nd Choice | 3rd Choice | % Total |
|--|------------|------------|------------|------------|
| Early detection & screening | 44% | 39% | 9% | 92% |
| Waiting times | 10% | 28% | 30% | 68% |
| Treatment | 2% | 15% | 34% | 51% |
| Prevention | 39% | 5% | 6% | 50% |
| Patient experience | 2% | 6% | 12% | 20% |
| Facilities & location | 2% | 3% | 6% | 11% |
| Health inequalities | 1% | 3% | 3% | 7% |
| Living beyond cancer | 0% | 2% | 1% | 3% |

Respondents were asked to think about their experiences with cancer services in the Borders. Common themes which emerged were:



Respondents were given the opportunity to feedback any comments or ideas relating to their experiences of the cancer services within the Borders. Some of those responses were:

“ Borders is a wide area, public transport routes take a long time, and can involve multiple changes and waiting. Not everyone has their own transportation. ”

“ Borders Macmillan centre and nurses are excellent and very supportive. ”

“ Once treatment is over and you process what you have been through is a distressing time. The anxiety never leaves you. ”



“ I would like MRI and CT scans to be available quickly when checking for cancer. ”

“ I never had anything but excellent treatment from all at the BGH. ”

“ Earlier detection might have enabled my dad to have treatment sooner, but once diagnosed his treatment was first class. ”

“ Sufficient appointment times scheduled to allow the patient time to ask questions and to considering options for treatment. ”

What our staff told us

As part of the engagement for our revised cancer strategy, NHS Borders staff were asked to complete a Strength, Weaknesses, Opportunity and Threat (SWOT) analysis. We received 23 responses in total from staff across the organisation, including AHPs, District Nursing, Cancer Services, HCSWs and Acute nursing. The key themes identified have been detailed below.



Strengths

Timely and compassionate care: Staff are praised for their empathy, responsiveness, and dedication.

Local access to treatment: Services like chemotherapy and diagnostics are available locally, reducing travel burden. BMC was highlighted as a good environment for patients to be treated.

Rapid Cancer Diagnostic Service (RCDS): Highlighted as a successful and efficient model.

Collaborative working: Strong partnerships with NHS Lothian, charitable organisations, including Macmillan, and Third Sector partners.

Person-centred approach: Emphasis on holistic care and patient involvement in decision-making.

Weaknesses

Waiting times: Lack of co-ordination during patients' diagnostic pathways resulting in unnecessary delays, and long waits to diagnosis in some tumour sites.

Communication gaps: Between departments, across health boards, and with patients.

Lack of psychological support: Noted absence of embedded psychologists and emotional support services.

Staffing gaps: Lack of CNS support for some tumour sites, access to nutritional support for patients undergoing treatment.

Geographic and transport issues: Travel to Edinburgh for treatment is burdensome, especially for elderly patients.

Opportunities

Waiting times: Ensure patients being investigated for cancer are prioritised, improve co-ordination of pathways and increased access to CT / MRI scans.

Improve communication: Ensure that patients are kept up to date at each step of their pathway and are involved in decisions relating to their care.

Psychological support: Embed psychological and emotional support for patients and relatives within cancer pathways.

Patient transport: Ensure that there are appropriate arrangements to support people having treatment and appointments at the regional centre.

Acute Oncology: Enhance service to provide seamless advice and support.

Threats/Risks

Rising cancer incidence: Due to aging population and lifestyle factors we will see an increasing number of people requiring to be investigated and treated.

Funding constraints: The costs of providing cancer treatments are increasing, and at the same time there are pressures to reduce spending.

Increased treatment complexity: New therapies require more specialised knowledge and increasingly complex assessments.

Workforce sustainability: Experience staff are retiring, and we need to ensure that succession plans are in place.



Strategy Commitments in Cancer Services

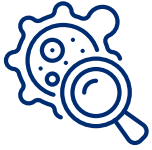
Seven strategic commitments have been established underpinned by a number of key priorities. To keep the framework up to date, an annual delivery plan will be agreed to ensure our priorities remain relevant, while continuing to engage with the public, patients, and staff.

Prevention



Commitment: To reduce the risk of cancer across our population by promoting healthy lifestyles, supporting smoking cessation and reducing alcohol harm.

Early Detection



Commitment: To diagnose cancers at an earlier stage, an increased uptake of screening programmes, reduce mortality, and address health inequalities across our population through targeted prevention, screening, and early detection efforts.

Waiting Times



Commitment: Patients will receive timely, appropriate care from the right professionals in the most suitable setting. This will be achieved through the development of integrated, optimised pathways that support the delivery of high-quality cancer care.

Holistic Support



Commitment: Services will be designed around the needs of the patient, with a strong focus on delivering an excellent patient experience.

Location



Commitment: Continue to expand local service provision where safe and sustainable, reducing the need for patients to travel and improving access to care closer to home.

Workforce



Commitment: Invest in our workforce, ensuring staff are supported, trained, and empowered to deliver high-quality cancer care. Succession planning and recruitment will be key to maintaining service resilience.





Capacity






Commitment: Ensure our facilities and systems are equipped to meet growing demand, with a focus on efficiency, innovation, and patient-centred design.



Key Commitment Priorities

| | |
|--|--|
| <p>Prevention</p>  | <p>1 Promote healthy behaviours, including balanced diet and regular physical activity.</p> <p>2 Support smoking cessation initiatives and alcohol harm reduction programmes.</p> <p>3 Engage communities through education and outreach to create healthy behaviours that measurably reduce the risk of malignancy.</p> |
| <p>Early Detection</p>  | <p>4 Increase uptake of national screening programmes through targeted promotion.</p> <p>5 Focus efforts in areas of deprivation to address health inequalities.</p> <p>6 Improve referral and vetting processes across primary and secondary care to ensure timely and appropriate access.</p> <p>7 Ensure a clinically safe and efficient pathway for patients with vague symptoms suggestive of cancer.</p> |
| <p>Waiting Times</p>  | <p>8 Achieve and sustain the national target of 95% compliance with the 62-day and 31-day cancer treatment standards.</p> <p>9 Enhance coordination of diagnostic services across pathways.</p> <p>10 Streamline cancer tracking systems and processes to improve efficiency and impact.</p> <p>11 Conduct annual reviews of diagnostic pathways to ensure these are effective and current.</p> |
| <p>Holistic Support</p>  | <p>12 Provide person-centred holistic support such as prehabilitation and wellbeing services to all patients diagnosed with cancer, encompassing nutritional, lifestyle, and emotional support.</p> <p>13 Provide timely and appropriate support to patients, carers, and families from referral through treatment and beyond, including psychological services and rehabilitation.</p> <p>14 Enhance communication and coordination across services to ensure seamless care.</p> <p>15 Fully embed the Improving the Cancer Journey (ICJ) service across all cancer pathways.</p> |

Key Commitment Priorities

| | | |
|---|----|---|
| Location  | 16 | Deliver diagnostics and treatments locally where appropriate, while collaborating with the Edinburgh Cancer Centre for tertiary care when not. |
| | 17 | Ensure local facilities are accessible, fully equipped, and capable of delivering safe, high-quality cancer care that meets current as well as future service needs. |
| | 18 | Work in partnership with the Transport Hub to support patients and families who are required to travel to Edinburgh Cancer Centre. |
| | 19 | Provide Acute and emergency Oncology service for patients undergoing treatment. |
| Workforce  | 20 | Implement the Oncology Workforce Plan to expand capacity and meet increasing demand and complexity. |
| | 21 | Embed new national Target Operating Model (TOM) into service delivery. |
| | 22 | Provide ongoing training and professional development opportunities and prioritise staff wellbeing, retention and succession planning. |
| Capacity  | 23 | Develop the Borders Macmillan Centre facility to meet evolving service demands, including increased treatment chair capacity. Enhance service provision to support delivery of new and emerging treatments. |
| | 24 | Optimise operational processes for Systemic Anti-Cancer Therapy (SACT), including Phlebotomy and Pharmacy services and fully engage with national redesign projects. |
| | 25 | Expand diagnostic, treatment and surveillance capacity within clinical services to meet the needs of people living with cancer. |
| | 26 | Review data on treatment outcomes, including survival rates, to inform service improvement and future planning |

How Our Cancer Strategy Fits Within NHS Borders' Clinical Vision



NHS Borders Clinical Strategy sets out how we will adapt services through innovation, integration, and community-based care, supporting self-management and new workforce roles. Our priority is safe, effective, sustainable care. By strengthening local systems, investing in digital tools, and tackling key health challenges, we aim to improve outcomes and ensure timely access for everyone in the Borders



This Cancer Strategy is fully aligned with the Clinical Strategy and its four guiding questions:

- **Supporting people to keep themselves well:** We prioritise prevention and early detection through targeted education, lifestyle interventions, smoking cessation, and alcohol harm reduction programmes, alongside promoting uptake of national screening initiatives.
- **Enabling Primary & Community Services to restore health:** The strategy embeds holistic support and prehabilitation pathways, strengthens the Improving the Cancer Journey (ICJ) service, and enhances coordination between primary care and specialist teams to manage care closer to home.
- **Making Secondary Care fast, efficient, and effective:** Commitments include achieving national waiting time standards, streamlining diagnostic pathways, expanding local treatment capacity, and optimising operational processes for systemic anti-cancer therapy (SACT) to ensure timely, high-quality care.
- **Ensuring equity of access to Tertiary Services:** We maintain strong collaboration with the Edinburgh Cancer Centre and SCAN network for specialist interventions, while supporting patients through transport partnerships and expanding local provision wherever safe and sustainable, reducing travel burden and addressing health inequalities.

Governance

The strategy will be delivered through a series of implementation plans. Delivery of these plans will be overseen by the Cancer Strategy Board with individual streams of work being progressed by specified groups, departments or individuals. Collaboration with stakeholders including service users, colleagues in Health and Social Services and local voluntary agencies will be to ensure the implementation plan remains relevant and appropriately prioritised in response to emerging issues throughout the lifetime of the strategy. A measurement framework will be identified to capture qualitative and quantitative outcomes and improvements, e.g., reduction in waiting times and timely access to services.

The implementation plans of the above commitments and priorities will be developed and will be reviewed regularly by the Cancer Strategy Board to reflect any changes in context and learning from local and national developments. Implementation plans will include specific actions, timescales and progress on delivery.

The governance and progress of plans will be reported to the Hospital Management Board and Borders Delivery Group throughout the strategy's lifespan.

Conclusion

This strategy marks a pivotal step forward in how NHS Borders approaches cancer care, placing patients, families, and communities at the heart of everything we do. It reflects the voices of those with lived experience, the expertise of our staff, and the shared ambition to deliver compassionate, timely, and equitable care across the entire cancer pathway.

We recognise the challenges ahead: rising demand, workforce pressures, and the need to deliver care closer to home. But we also see opportunity; through innovation, collaboration, and a renewed focus on prevention and early detection, we can make a meaningful difference.

Our commitments are clear. We will continue to listen, adapt, and improve. We will work together across services and sectors to ensure that every person affected by cancer receives the support they need - not just during treatment, but throughout their journey.

Thank you to everyone who contributed to this strategy. Your insight and dedication have shaped a plan that is both ambitious and achievable. Together, we will build a future where cancer care in the Borders is not only excellent, but truly person centred.