Department of Health & Social Care

NHS England

The National Cancer Plan for England

Delivering World Class Cancer Care

MFT Webinar, 4th February 2026

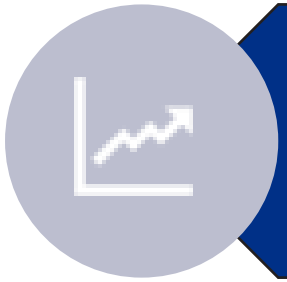
Our plan is structured around 6 key themes

- Driving up NHS cancer performance
- Becoming a global leader in cancer outcomes by 2035
- Designing cancer care around people's lives
- Delivering world class cancer care through world class research
- Tackling cancer in children and young people
- Prioritising rare and less common cancers

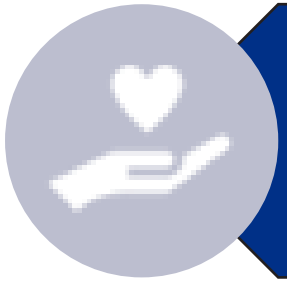
Delivering across these priorities will make England a global leader in cancer care over the next 10 years

We have 3 key ambitions

We will meet the Cancer Waiting Time standards by the end of this Parliament



By 2035, three in four people diagnosed with cancer will be cancer-free, or living well with cancer after five years

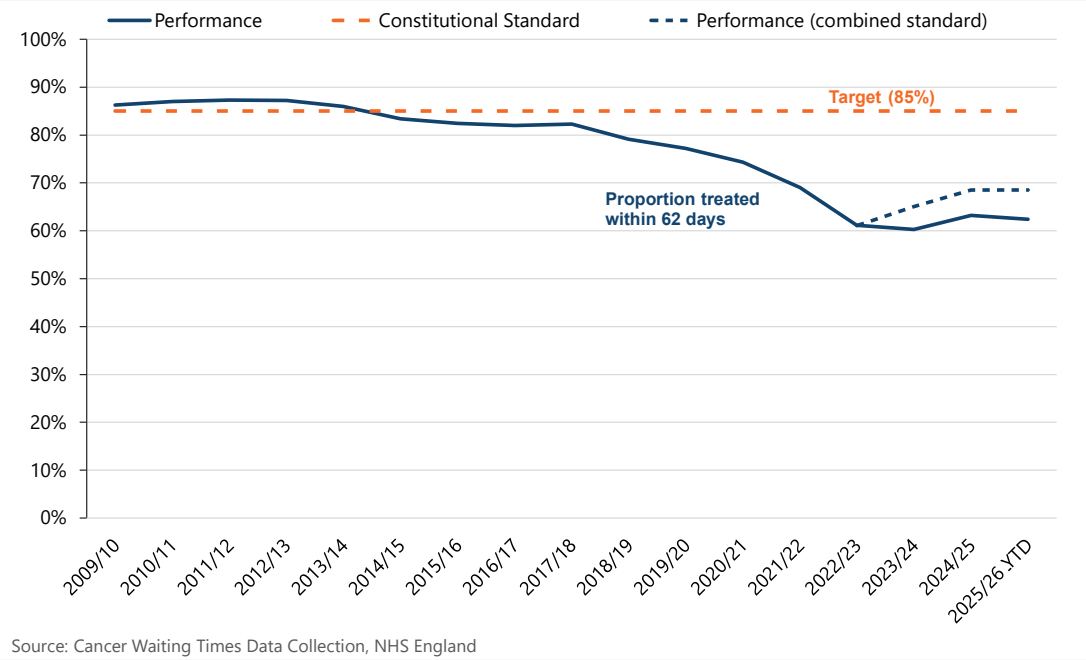


We will improve quality of life for people being diagnosed with, treated or living with cancer

1. Driving up NHS Cancer Performance

"Right at the beginning of this, faster, accurate diagnosis is absolutely key. Then, being able to get as much of your diagnosis and treatment happening in one place, at one time, will greatly help people." Patient and Public Voice Forum member

Since 2014, the NHS has consistently missed its key target to start treating 85% of people within 62 days of an urgent referral for suspected cancer.



Source: Cancer Waiting Times Data Collection, NHS England

We will:

- **Harness innovations** to offer patients the right services, enable at-home tests, and prioritise care for those at highest e.g. FIT kits for patients who see their GP with symptoms, teledermatology for urgent skin cancer referrals and the COLOFIT algorithm for bowel cancer
- We will scale the use of **single-queue diagnostics** across local providers, supported by the Federated Data Platform
- **Transform outpatients** through straight to test pathways and expansion of patient initiated follow up
- Prioritise cancer for **NHS Online**, bringing the best of the NHS to the rest of the NHS
- **Expand diagnostic capacity** by ensuring that, where possible, all Community Diagnostic Centres are fully operational 12 hours a day, 7 days a week
- Ensure **98% of histology results** are back within **10 days** of the sample being taken
- Expect systems to use capital funding flexibly to support a return to constitutional standards, including further investment in **state-of-the-art radiotherapy** machines where needed
- **Streamline** MDT meetings, increasing efficiency

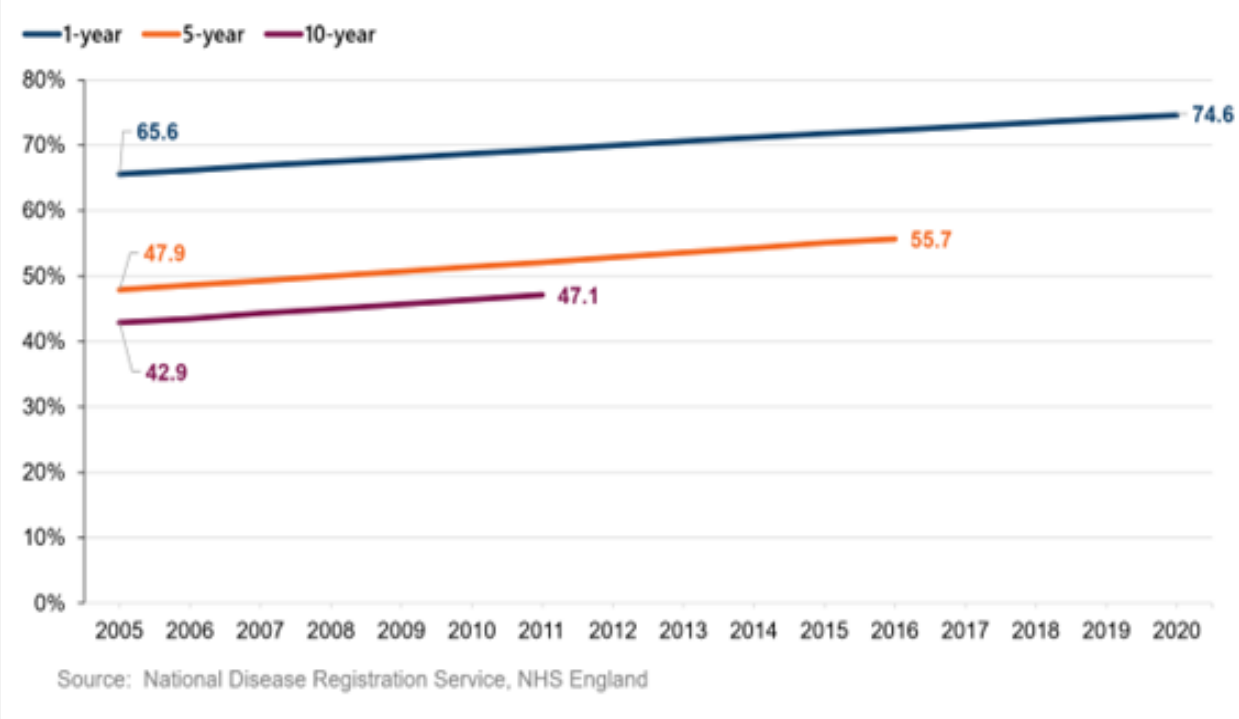
We will meet all cancer waiting time standards by 2029

2. Improving cancer outcomes

"I really feel that early diagnosis is crucial. Absolutely crucial. The quicker we get in there, we know that it gives people better life chances." Patient and Public Voice Forum member

We will:

- Roll out **lung cancer screening** nationally by 2030 and lower the sensitivity of bowel cancer screening
- Enable cancer patients to manage screening invitations, appointments, and treatment plans using the **NHS App** by 2028
- Develop and deliver more proactive approaches to identifying people at risk of cancer through **symptomatic case finding**, additional support for GPs, and **genomic testing**
- Provide greater access to **specialist cancer treatment centres,** and improve approaches to quality monitoring
- Establish clear **quality standards** for cancer delivery through **cancer manuals**, published by tumour type
- Proactively prepare for **Multi-Cancer Early Detection tests** and similar breakthroughs



3 out of 4 people diagnosed with cancer in 2035 should be cancer-free, or living well with cancer, after 5 years

3. Designing cancer care around people's lives

"*There is often too much focus on the actual treatment itself and not enough taking into account the person and the wider impact on their life and wellbeing, particularly as a younger patient.*" Patient and Public Voice Forum member

We will:

- Provide a **named neighbourhood care lead** for each patient, to coordinate post-treatment care, by 2035
- Support patients to **stay in and return to work**
- Enable patients to provide real-time feedback to clinicians, through **digital Patient Reported Outcome Measures**
- Roll out a **national digital first prehabilitation offer** to support patients before they start treatment – setting out new standards for prehabilitation and rehabilitation
- Provide every cancer patient with a **Holistic Needs Assessment** and a **Personal Care Plan**, to support their physical, mental, and social needs and employment support
- Where safe, value for money, and better for patient care, deliver cancer care at home

Our Neighbourhood Health Service will mean that cancer patients are not just passive recipients of care, but rather active partners in its delivery - with real say and choice.

4. Delivering world class cancer care through world class research

"[…] The most important priority for me as a brain tumour patient is for the government to invest in research into rarer cancers to ensure we develop kinder more effective treatments to give patients equality of hope for more time with a higher quality of life." Call for evidence respondent

We will:

- **Expand access** to trials by improving digital trial-finding tools and using genomic testing to open up personalised treatment options
- Ensure **faster and fairer access** to trials, cutting set-up times from 250 to 150 days and launching a Cancer Trials Accelerator Programme
- Speed up adoption of proven innovations through a **clear cancer innovation pathway and the National HealthTech Access programme** – including four new diagnostic technologies by 2027

- Set clear national cancer research priorities, applying **data, AI, genomics, wearables and robotics** to accelerate progress
- By 2030, up to **10,000 cancer immunotherapies** will be delivered via the Cancer Vaccine Launch Pad and Vaccine Innovation Pathway

This National Cancer Plan will ensure that we are a world leader on cancer research and innovation

5. Tackling Children and Young People's Cancer

"It is common for survivors of cancer to realise the trauma experienced several years, post-treatment." Children and Young People's Patient Experience Panel Member

We will:

- Improve experiences of care by providing **up to £10m per year for travel** costs, and ensuring child-friendly hospital food and play/youth support
- **Improve early detection and diagnosis,** ensuring primary and emergency care clinicians can access paediatric advice for suspected cancer cases
- Advance neighbourhood care by providing a **lead paediatrician in every Neighbourhood MDT** for children
- Speed up diagnosis by ensuring imaging for suspected cancer is reported, or reviewed, by a **paediatric radiologist**
- **Strengthen psychosocial and long-term support** by standardising access to psychological care, improving surveillance for late effects, and providing neurorehabilitation keyworkers for children with CNS tumours
- **Ensure equitable access to genomics and research** by making CYP genomics a core NHS Genomic Medicine Service deliverable and tackling age-related barriers to clinical trials for 16 to 24-year-olds

By 2035, every child and young person with cancer should receive earlier support, fair access to the latest treatments and trials, and care that protects their long-term health and quality of life

6. Prioritising rarer and less common cancers

"My mum was diagnosed with pancreatic cancer in A&E - I tried to reassure her that published survival rates must be out of date as progress must have been made. But I was so very wrong! [...] My mum died just 7 months after diagnosis in 2020." Call for evidence respondent

We will:

- **Diagnose rarer cancers earlier** by reducing emergency diagnoses and expanding proactive case-finding in primary care
- **Improve access to specialist treatments** by developing specialist multi-provider MDTs and prioritising genomic testing
- Expand access to clinical trials by **implementing the Rare Cancers Bill from 2026** and using AI tools to match patients to studies
- Give rarer cancers parity by appointing a **National Specialty Lead for Rare Cancers** by 2026

- **Improve data and transparency** by expanding NDRS Get Data Out publications and defining recurrent cancers by 2027
- **Accelerate research and innovation through novel procurement routes,** increased research funding and mission-led models

Everyone with a rarer cancer should have timely diagnosis, access to specialist care, and opportunities to join innovative trials

7. Reducing health inequalities is integral to the delivery of the National Cancer Plan

"I think the dangers of tobacco are well documented and smokers are fully aware of the risks to cancer. However, I think the general public still isn't aware of the dangers of physical inactivity, alcohol and obesity in relation to cancer." Call for evidence respondent

We will:

- Continue to roll out cancer screening and surveillance programmes which can specifically benefit those in underserved communities, including **lung cancer screening** and **community liver health checks**
- Develop locally targeted campaigns to improve the awareness of cancer **risk factors**, reduce the gap in **screening uptake** and address barriers to **early diagnosis** in underserved communities
- Roll out adjustments to existing screening programmes to improve take up in underserved communities such as **self-testing for cervical screening** and **mammography machines** that are accessible to people with physical disabilities
- Create an **equal playing field on health literacy** utilising AI tools on the NHS App to make care less dependent on personal knowledge of health
- Publish regular data and assess our performance to ensure we are **reducing the gap in rates of early diagnosis** between the most and least deprived areas

MFT Cancer Delivery

Manchester University
NHS Foundation Trust

35% All suspected cancer referrals in GM

36% All Faster Diagnosis activity in GM

32% All accountable 62-day cancer pathways in GM

26% All patients transferred out for treatment from all GM hospitals come to MFT

1. Driving up NHS Cancer Performance

Manchester University NHS Foundation Trust

National Cancer Plan Key Priorities and MFTs Response

'It's not the 62 days, but the 61 nights in between'
Patient (speaking to Sir Jim Mackey, 2019)

- **Harness Innovations**
  AI – AiRPORT, Prostate MR, tele-derm, digitally enabled pathways
- **Scale the use of single-queue diagnostics**
  5 Years expertise, GM created concept and system
- **Transform outpatients**
  Increase STT – i.e. Ovarian, test bundles, treatment optimisation, test from triage
- **Prioritise cancer for NHS Online**
  My MFT App
- **Expand diagnostic capacity & Improve Histopathology Turnaround Times**
  CDC expansion programme, acceleration technology (capital investment), digital pathology programme, service expansion, 1000's of extra diagnostic tests
- **Streamline MDT meetings**
  Protocolisation, digital transformation, system working, RCR review

2. Improving Cancer Outcomes

Manchester University
NHS Foundation Trust

National Cancer Plan Key Priorities and MFTs Response

- **Roll out Lung Screening and Reduce Age of Bowel Screening**
  National leader in lung screening – GM programme
- **Enable digital access to screening, appointments etc**
  National leader in technology deployment – i.e. My MFT app
- **Proactively identify those at risk**
  Case finding (with system partners), national leader in Genomics
- **Greater access to specialist cancer treatment centres**
  Strong system working, The Christie collaboration
- **Establish clear quality standards for cancer delivery**
  GIRFT, positive national outlier for lung cancer 1 year survival

GM programme of work via Cancer Alliance on 'Treatment Variation', including curative intent treatment rates, eliminating unwarranted variation, GM system audit portal in development.

3. Designing Cancer Care Around People's Lives

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- **Provide a named neighbourhood care lead for each patient, to coordinate post-treatment care, by 2035**
  Strong neighbourhood integration through Cancer Alliance with GP leads. Strong neighbourhood focus

- **Support patients to stay in and return to work**
  Leader of research into wearable technology, living well with cancer programme, CURE programme (established in MFT)

- **Enable patients to provide real-time feedback to clinicians, through digital Patient Reported Outcome Measures**
  PROMS programme in place in GM and established PSFU pathways

- **Roll out a national digital first prehabilitation offer to support patients before they start treatment – setting out new standards for prehabilitation and rehabilitation**
  Pre-hab for Cancer is a national exemplar (GM created). Expanded to SACT pathways and multi-modality treatment as a first nationally (Pre-hab, re-hab, pre-hab) as a research pilot

- **Provide every cancer patient with a Holistic Needs Assessment and a Personal Care Plan, to support their physical, mental, and social needs and employment support**
  Already established in many areas, non-curable cancer clinics, supporting people to live well

- **Where safe, value for money, and better for patient care, deliver cancer treatment at home**
  Working with system partners to deliver care closer to home – children's chemo bus

4. Delivering World Class Cancer Care through World Class Research

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- **Expand access to trials by improving digital trial-finding tools and using genomic testing to open up personalised treatment options**
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- **Speed up adoption of proven innovations through a clear cancer innovation pathway and the National HealthTech Access programme – including four new diagnostic technologies by 2027**
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MFT cancer research highlights

NHS Manchester University NHS Foundation Trust

MFT's active research portfolios are in thoracic, breast, adult haematology, paediatric, gynaecology, HPB, colorectal, urological oncology, and head and neck.

3500+ participants recruited across **95** open cancer research studies at MFT in 2025/26.

This recruitment equates to **21%** of total recruitment in **13%** of studies open at MFT.

15 studies are commercial – **13** of which are clinical trials - which equates to **16%** of the oncology portfolio (MFT average is 24%).

20 clinical trials have recruited **75 patients** – majority are Paediatric Oncology or Adult Hematology-Oncology studies.

Highest recruiting studies

Alternative Cervical Screening (ACES) at home, ACES over 65s and the DETECT study

Led by Chief Investigator, Emma Crosbie and sponsored by MFT or The University of Manchester.

Manchester Lung Health Study

Led by Chief Investigator, Phil Crosbie and sponsored by MFT.

These four studies equate to 83% of the total recruitment to cancer studies at MFT.

NIHR | Manchester Biomedical Research Centre

Research shows **40%** of cancers are preventable and most could be detected earlier.

- The MFT-hosted **NIHR Manchester Biomedical Research Centre** aims to reduce cancer burden across society, especially in underserved communities, through its Cancer Prevention and Early Detection Theme.

- Researchers aim to identify those at high risk of cancers, to develop acceptable, cost-effective, non-invasive tests for early detection and tailor prevention interventions to individuals, whilst improving our understanding of health inequity.

MFT cancer research highlights

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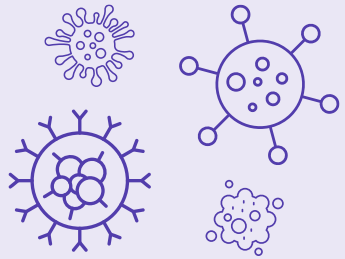
The **Lung Cancer Screening Programme** has brought lung cancer screening to some of the most deprived areas of Manchester since 2019.

- So far, the screening has detected **31%** of all lung cancers and reduced late stage incidence by **22%** (recently published in the the Journal of Thoracic Oncology).



In January, MFT made history by delivering the UK's first **CAR-T cell therapy** for aggressive leukaemia.

The **BCAN-RAY study** opened at MFT in May 2023, launched in memory of Girls Aloud singer, Sarah Harding who died of breast cancer aged 39. This is one of the world's first research studies to identify breast cancer risks in younger women without a family history of the disease.

BCAN-RAY has recruited **500** women aged between 30 and 39 years old, who have had their risk assessment appointments; **404** have been given their risks – **88** were found as 'increased risk' and **316** as 'average risk'.

58 women (out of the 88) at increased risk have had telephone consultations to discuss the implication of their increase in risk, including strategies to reduce risk through exercise, diet and medication advice.

MFT Awards

- The MFT team leading the **Lynch syndrome screening for endometrial cancer project** were highly commended in the BMJ Cancer Care 'Team of the Year' award 2021, and the Greater Manchester Cancer Research Awards in 2022.
- In April 2024, Manchester's '**Team Womb**' collective was also presented with an international American Association for Cancer Research Team Science Award.

5. Tackling Cancer in Children and Young People

NHS
Manchester University
NHS Foundation Trust

- **Improve experiences of care by providing up to £10m per year for travel costs, and ensuring child-friendly hospital food and play/youth support**
- **Improve early detection and diagnosis, ensuring primary and emergency care clinicians can access paediatric advice for suspected cancer cases**
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6. Prioritising Rare and Less Common Cancers

Manchester University NHS Foundation Trust

- **Diagnose rarer cancers earlier by reducing emergency diagnoses and expanding proactive case-finding in primary care**
  GM Early Diagnosis Programme

- **Improve access to specialist treatments by developing specialist multi-provider Multidisciplinary Teams and prioritising genomic testing**
  Specialist centres in place in GM with established work, early pathway testing with ambitious TATT's

- **Expand access to clinical trials by implementing the Rare Cancers Bill and using AI tools to match patients to studies**

- **Give rarer cancers parity by appointing a National Specialty Lead for Rare Cancers**
  PWB Focus and GM data at sub speciality level

- **Improve data and transparency by expanding NDRS Get Data Out publications and defining recurrent cancers by 2027**
  Metastatic work programme and data registry pilot

- **Accelerate R&I through novel procurement routes, increased research funding and mission-led models**

The Neighbourhood Cancer Model

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- Named neighbourhood lead
- Personal cancer plans facilitated in the community
- Comprehensive end of treatment summary to inform ongoing support from the neighbourhood team
- Targeting local populations from within around screening and prevention
- Jess's Law – 3 strikes and rethink
- Neighbourhood MDTs for CYP

Next steps and discussion

Manchester University NHS Foundation Trust

- This is an initial discussion – keen to get your feedback once you have had time to digest it and think about the implications for your service.
- We already have a cancer SDP (strategic development plan), and this will be reviewed in the context of the NCP.
- Meetings with each tumour site to discuss and plan.