



Leading on Cancer

The case for a dedicated strategy and political leadership across the UK

About this report

Reference

This report should be referred to as follows:

Cancer Research UK. 2024. Leading on cancer: The case for a dedicated strategy and political leadership across the UK Published June 2024.

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The research and insight underpinning this report was developed as part of [Longer, better lives](#), our manifesto for cancer research and care.

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About Cancer Research UK

We're the world's leading cancer charity dedicated to saving and improving lives through research. We fund research into the prevention, detection and treatment of more than 200 types of cancer through the work of over 4,000 scientists, doctors and nurses. In the last 50 years, we've helped double cancer survival in the UK and our research has played a role in around half of the world's essential cancer drugs. Our vision is a world where everybody lives longer, better lives, free from the fear of cancer.

Our values

Our values help guide our behaviour and culture in an ever-changing world, building on the best of what we do today and what we aspire to be in the future. They unite and inspire us to achieve our ambitious plans and our mission of beating cancer, together.



Bold

Act with ambition, courage and determination



Credible

Act with rigour and professionalism



Human

Act to have a positive impact on people



Together

Act inclusively and collaboratively



Cancer Research UK is a registered charity England and Wales (1089464), Scotland (SC041666), the Isle of Man (1103) and Jersey (247).

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Executive summary

Political leaders across the UK need to show bold leadership if we are to transform outcomes for everyone affected by cancer. Dedicated and fully funded cancer plans, backed by strong and committed political leadership, are essential vehicles for delivering the actions that we know are needed to speed up improvements in survival.

Cancer is the defining health issue of our time. Nearly 1 in 2 of us will get cancer in our lifetimes,¹ and cancer is the biggest cause of years of healthy life lost to premature mortality or disability². People living in the most deprived communities far too often bear the greatest burden of this with around 33,000 extra cancer cases each year across the UK associated with deprivation³. The challenge is only growing. By 2040 the number of new cancer cases per year in the UK is projected to rise by a fifth⁴. Although cancer survival is higher than ever before, improvements in cancer survival have slowed in the last decade⁵, leaving the UK lagging behind comparable countries⁶.

The World Health Organisation (WHO) has long expected every country to have a cancer control plan in place. Evidence shows why this is so important. International comparisons demonstrate that countries that have put in place a consistent and strategic approach to cancer planning and delivery have seen greater improvements in cancer survival⁷.

Long term strategies are needed to support the implementation of complex interventions that span several years, prepare for future challenges emerging from a growing and ageing population, and support services so they can hit the ground running as opportunities emerge from innovations. This needs to be underpinned by a commitment to invest in the areas we know will have the greatest impact.

Bold political leadership is required to bring this all together into successful implementation, including by making cancer a political priority for a number of government departments. Strong coordination across government and delivery partners is required for integrated thinking and planning, and creating effective and streamlined cancer control systems. This should include action from departments responsible for accelerating cancer research efforts through to departments working to improve population health and preventing more cancers. Clarity of purpose from the very top of governments can build momentum behind a cancer

strategy and is needed to hold delivery partners accountable for actions across the strategies' lifespan.

Last year, Cancer Research UK published, [*Longer, better lives*](#), which sets out the latest evidence on what is needed to improve cancer outcomes. This new report provides the detail of how cancer planning can help us achieve the ambitions of *Longer Better Lives* across the UK. This report does not seek to propose a complete model for cancer planning in the four UK nations, recognising differences in governance arrangements across different health systems. But, by highlighting the insights from cancer control systems across the world, the report offers key recommendations for England, Scotland, Wales, and Northern Ireland.

Policy recommendations – England

1. **The UK Government should publish a new, comprehensive 10-year national cancer strategy within one year of the next general election**, underpinned by a national ambition to reduce cancer mortality by 15% by 2040. This strategy should be:
 - Developed under the leadership of an independent expert and cover all aspects of cancer research and innovation, prevention and healthcare. It should also include consultation, collaboration and co-production with the whole cancer community, including clinical and research leaders, charities and people affected by cancer.
 - Underpinned by a series of rolling three-year action plans that set out measures to address short-term challenges and opportunities, while also laying the groundwork for the longer-term transformative changes to cancer research and care needed to deliver the 2040 ambition – with a clear expectation that the strategy will be followed by subsequent strategies.
2. **The UK Government should establish a National Cancer Council within one year of the next general election**, which will hold leaders to account for delivering on key actions and outcomes, including cross-government actions. The Council should:
 - Be chaired by the prime minister and consist of, at a minimum, the Secretaries of State for Health and Social Care and Science, Innovation and Technology, representatives of the Treasury, the Chief Executive of NHSE and the National Cancer Director, public research funders and expert advisors, including those across the third sector.
 - Be supported by a robust secretariat and meet every six months. Commission expert advice on how best to implement a long term model for cancer leadership across government, building on existing evidence and considering international examples, to be established by the end of the first three-year action plan.

1. All nations of the UK need a strategy for cancer

Thanks to lifesaving cancer research, we have made huge progress in improving cancer survival across the UK. Survival has doubled over the past 50 years⁸. But cancer remains the defining health issue of our time. And following trends seen around the world in a growing and ageing population and the increasing presence of preventable risk factors, the burden of cancer in the UK is only set to grow⁹. In this context, cancer survival lags behind other similar countries which analysis of our global peers suggests can in part be attributed to missed opportunities to effectively plan and lead for cancer¹⁰.

Cancer strategies set out a comprehensive vision for how cancer outcomes will be improved, acting as a vehicle to deliver the measures needed to accelerate improvements in outcomes. Delivery requires bold political action to create a coherent cancer control system within the centre of government that coordinates all the departments and bodies which have a role in improving cancer outcomes, including research and prevention. This system must bring together the wider cancer community, including clinicians, research funders, academics, patients, cancer charities, and public health experts with government to design and implement actions which would improve cancer outcomes, both now and in the future.

A long term strategy can help health systems plan for the implementation of new health interventions and prepare services for future demographic changes. They can support health systems to respond to opportunities that arise from research and roll out new innovations that if fully planned for have the potential to speed up the delivery of care, making services more efficient. Health and research systems should be given the time and resource to fully implement their ambitions.

When delivered, strategies across the UK have been proven to set direction and maintain political accountability across priority areas and have ensured that much-needed funding for cancer is invested (Box 1).

Box 1: Effective cancer leadership in England in the early 2000s

The 2000 Cancer Plan for England marked a renewed political ambition for improving cancer outcomes. It set ambitious targets across research, cancer prevention and cancer care, and was supported by a significant funding settlement¹¹. In 2005, the National Audit Office found that the strategy had supported progress in most aspects of the patient experience¹². Important to the success of the plan was the appointment of a National Cancer Director in 2000 which provided a political and health system leader for cancer¹³. Working across the health system and within the UK Government, the National Cancer Director supported NHS England to implement policies such as the reconfiguration of complex surgery and early diagnosis, whilst ensuring that the case for investment was made to the Department of Health¹⁴. The National Cancer Director oversaw a new focus on assurance processes such as Cancer Waiting Times. Taken together, this period of focus and investment on cancer saw accelerated improvements in cancer services and care¹⁵.

International evidence supports the role of strategic planning in improving cancer outcomes. The International Cancer Benchmarking Partnership (ICBP) demonstrated that over the past 20 years, the countries that have shown consistency in planning have experienced the greatest improvements in cancer survival (Figure 1). Denmark, which had similar survival to England at the start of the study, greatly increased survival in some cancers, surpassing the progress seen in England¹⁶. This can be linked to a series of cancer strategies, which successively and strategically built on the previous strategy over the 20-year period to tackle some of the most pertinent issues facing cancer services in Denmark¹⁷.

Alongside consistency in planning, the research highlights the broader lessons for effective cancer planning and leadership from ICBP countries, which evidences our key tests for an effective cancer strategy (Figure 2).

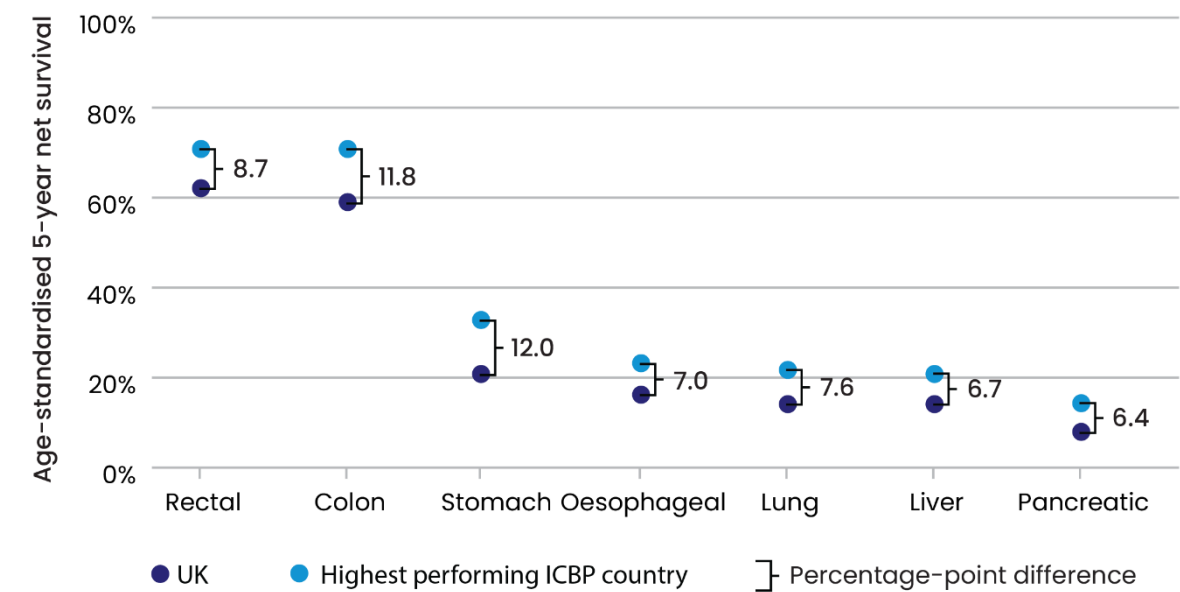
The ICBP research highlights that the effectiveness of a cancer plan relies not just on identifying priority areas for improvement, but on implementing the ambitions in the plan. This is dependent on political commitment and providing the necessary strategic investment to support delivery at all levels¹⁸. Transparent monitoring and external scrutiny should underpin this, to support accountability on progress against these commitments¹⁹.

Against these criteria, the quality of cancer planning varies across UK nations. It is positive that both Scotland and Northern Ireland have long term cancer strategies in place, but with the recent return of the NI Executive after two years' absence and

no additional dedicated funding yet announced in Scotland, it is important that these countries now show the ambition needed to implement these plans. NHS Wales' Cancer Improvement Plan sets out ambitions in line with the Government's Quality Statement for Cancer; however, the plan is only short-term, spanning just a 3-year period and lacks the drive needed for long term, sustainable improvements.

In England, for the first time in two decades, the UK Government does not have a dedicated long term strategy for cancer in place. The NHS Long Term Plan includes important commitments for cancer services, but considering the remit of NHS England, the plan can only set out action for the health system. Therefore, it does not offer the transformation we need to see across areas integral for creating an effective cancer control system, including research and prevention.

Figure 1: Differences in 5- year net survival between the UK and the highest performing International Cancer Benchmarking Partnership countries, 2010-2014



Source: ICBP

Figure 2: Our tests for a bold cancer strategy



Bold, comprehensive & long-term ambitions

A comprehensive strategy should aim for long term transformation across all aspects of cancer prevention, research and care, with bold ambitions that are developed with and can bring together the whole cancer community around a shared vision for change.



Leadership

Success requires political leadership to marshal government focus and resources, as well as to hold responsible bodies to account for delivery – dedicated leadership to bring together stakeholders to develop a strategy and coordinate its implementation – and expert and clinical leadership across all elements to ensure the strategy is evidence based.



Dedicated governance and oversight

There must be a robust central coordinating and oversight function with a mandate to bridge the disconnected structures of government and ensure implementation across all aspects of cancer policy.



Implementation

A detailed implementation plan must have measurable objectives and achievable timelines. Plans must sequence actions, considering what can be achieved more quickly and where groundwork must be laid for longer-term transformation.



Evaluating progress

There must be regular, robust and transparent reporting of implementation, measuring what matters most to improving outcomes and enabling meaningful accountability for progress. There should be signposted points where the strategy is independently reviewed through a process that involves stakeholders across the cancer community.



Funding & capacity to deliver

Dedicated funding to deliver the strategy, alongside sufficient resource in the wider health system to enable transformative change, is key to success.

Developed from: Nolte, E et al 2022; Seguin, M. et al. 2022; Morris, M. et al. 2021; and insight from stakeholder interviews.

2. Designing an effective cancer strategy

2.1 Setting bold ambitions for people affected by cancer

A cancer strategy provides an important opportunity to identify and focus on the issues most pertinent to improving cancer outcomes across the UK. This process must be guided by the latest evidence from patients, clinicians, academics, and public health experts. It is welcome that recent cancer strategies and plans published in Northern Ireland (2022), Scotland (2023) and Wales (2023) have supported participatory processes in their design.

The ambitions set out in a strategy must be developed with the views of people affected by cancer taken into account. Evidence from literature reviews suggests that co-production with patients in the design of health policy improves patient experience^{20,21,22}. Meanwhile, the WHO has also said that a participatory process can lead to more effective implementation of cancer strategies²³. Co-production approaches have also been shown to lead to improved efficiency and clinical outcomes within NHS services²⁴.

A broad range of evidence must be represented in the design of cancer strategies including from clinical and academic experts, to ensure that the latest knowledge and policy meet current clinical reality within health services²⁵. Charities, such as Cancer Research UK, are vital stakeholders and partners in developing cancer strategies. CRUK has played an integral role in the development of government and health system strategies in all four UK nations in recent decades – from sharing insight and expertise in cancer research and care, to supporting and leading the development of key aspects of national cancer strategies. For example, CRUK was represented across the working groups to develop the 2021 Northern Ireland and 2023 Scotland cancer strategies, and in 2015 hosted and provided significant resource to the National Cancer Taskforce which developed NHS England's 2015 cancer strategy.

Medical research charities, including CRUK, play a valuable role in delivering the research funding needed to develop and accelerate new treatments and innovations, and can in turn, offer key insights to the research environment which have been so vital in providing the tools to improve cancer outcomes.

2.2 A long term vision for cancer

Long term planning is an essential component of an effective cancer strategy, so that momentum behind a transformative overall ambition for cancer is maintained over several years, and to respond to and address long term challenges in cancer research and care. Long term strategies can foster efficiencies and drive productivity in health systems, by supporting long term shifts in preventing more cancers and ensuring that systems are ready to realise the benefits of innovations promising to speed up patient care.

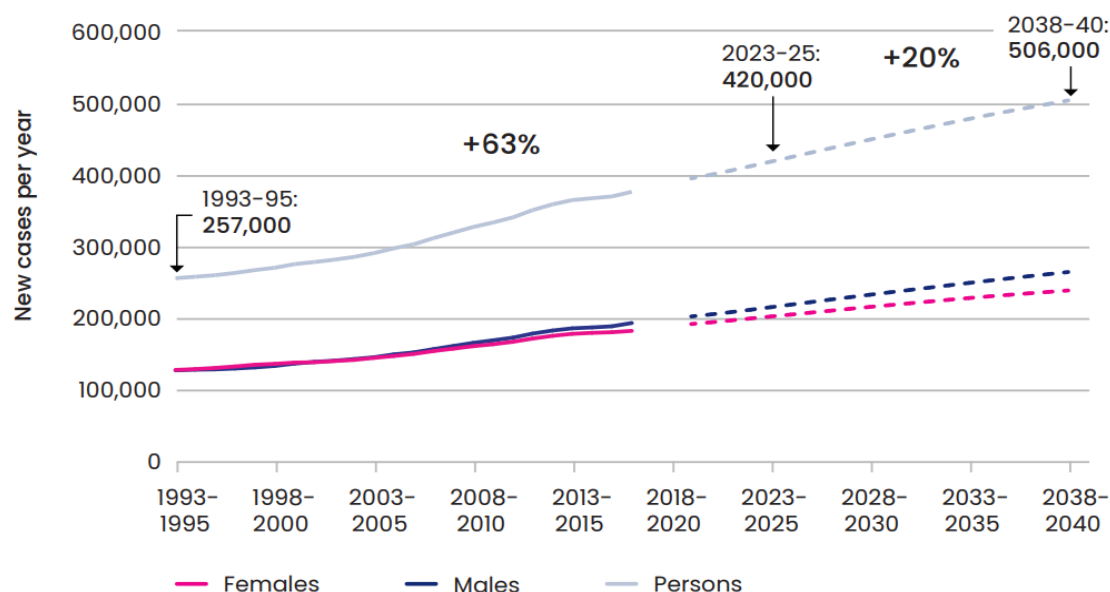
Addressing future demand

Long term vision is needed to address future demands coming from demographic shifts, including to prepare cancer services and to do more to prevent ill-health. Our modelling shows that if current trends in cancer incidence continue, cancer cases will rise from the 420,000 diagnosed each year now, to around half a million by 2040 (Figure 3)²⁶. This means that around a fifth more people will be diagnosed with cancer every year in comparison to current levels²⁷. This trend is linked to population growth, but also because of demographic changes from an ageing population.

England's Chief Medical Officer (CMO) annual report from 2023 highlighted that although people today are living longer than ever before, they are more likely to be living longer in ill health and disability²⁸. This has implications for cancer patients as by 2040, cancer patients in the UK are projected to be older, meaning that more cancer patients could be living with other long term health conditions²⁹. Cancer services need to be fully equipped to meet increased demand and increased requirements for more complex care for older patients. With cancer services across the UK already struggling to meet waiting time targets under today's pressures, measures should be put in place soon to increase the capacity of services for the future.

The CMO's report highlights that we need to shift from treating ill health to preventing more diseases in the first place³⁰. With around 4 in 10 cancers in the UK being preventable³¹, a greater focus on cancer prevention will be pivotal to improving cancer outcomes and is necessary for increasing productivity and ensuring the long term stability of health systems. This will require a long term plan that delivers sustained spending to address risk factors such as tobacco and obesity, whilst protecting spending on acute sections of the cancer pathway.

Figure 3: Cancer incidence in the UK projection



Sources: Cancer Research UK, NHSE, PHW, ISD Scotland, NICR

Long term planning for services

A truly transformative strategy for cancer patients should set out action on the immediate challenges facing cancer patients whilst promoting a longer-term shift in how cancer care is delivered. Many of the interventions to improve cancer outcomes in the health and research systems need to be delivered over long periods. This will require political commitment across multiple years to ensure there is adequate planning and stability in funding for health services and the R&D sector.

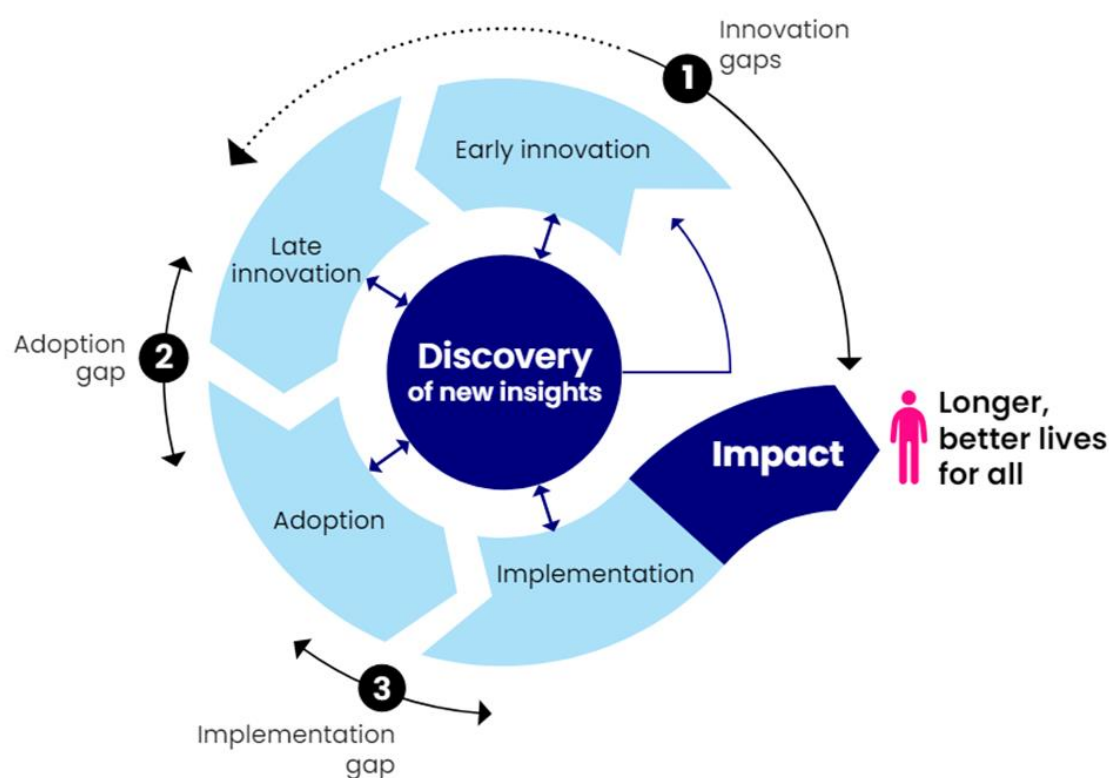
Health systems funding should provide the stability to adequately plan for current and future priorities. This includes providing the necessary funding and workforce support to ensure that services can respond to urgent pressures including meeting operational performance standards, whilst looking to deliver reform to how care is delivered. For example, to take full advantage of the promise of targeted lung cancer screening will require long term planning in providing sufficient workforce, planning to support the digital transformation of screening including the implementation of a single national lung cancer screening IT system, and broader consideration of NHS England's investment in diagnostic and treatment capacity.

Ensuring services have enough capacity for clinical research is important for the testing and rolling out new treatments and diagnostics. A recent CRUK survey of clinical research professionals found that efforts to increase clinical research activity are held back by the capacity for and prioritisation of research in the health service.

This is due to wider pressures on the health service, which nearly 4 in 5 (78%) of respondents described as a substantial or extreme barrier to research³². The survey results highlight the importance of strategies to provide appropriate workforce planning for healthcare staff and appropriate spending on physical and digital infrastructure to ensure services have capacity to carry out clinical research, which is often perceived to be a 'a nice-to-have' within the health service rather than an integral component of clinical activity and improving cancer outcomes³³.

Long term planning is important to roll out innovations for widespread use across health systems, so that research is translated into real-world applications for patients and the potential of new innovations to increase productivity in care are realised. The Innovation Wheel (Figure 4) shows that it is important that health systems have adequate notice of innovations coming through the pathway so that they can prepare for their adoption and implementation. This includes supporting staff with the necessary training and ensuring that there is sufficient staff capacity and the required IT infrastructure and equipment to deliver innovations. In the short term, many of the gains for the NHS in realising the potential of new technology will come from the optimisation and spread of existing technologies, appropriate funding streams, improvements to underlying digital infrastructure and stronger linkages across health system data^{34,35}.

Figure 4: The Innovation Wheel



Maintaining momentum

There must be mechanisms in place to support the implementation of cancer strategies across their lifespan so that a vision for cancer extends over a long period and in some instances over multiple governments. The cancer strategy's ambitions should be set out with measurable objectives and achievable timelines. This will require careful consideration to identify what can be achieved in the strategy's early years, as well as considering what groundwork needs to be laid for longer-term ambitions. The 2016 Cancer Plan for Scotland was reviewed and refreshed in 2020 to consider the impact of the COVID-19 pandemic and potential technological advancements and innovations³⁶. It is welcome that the latest Cancer Plan for Scotland has three consecutive action plans built into the 10-year strategy³⁷.

Denmark has further demonstrated that implementing a sequence of cancer plans over a long period, driving a sustained effort behind improving cancer outcomes can lead to improvements in cancer survival³⁸. Between 2000 and 2020 Denmark published 4 cancer plans, each building on the previous iteration. Over the course of this 20-year period, Denmark experienced accelerated improvements in diagnosis and treatment capacity, leading to increased improvements in survival for cancer patients, higher than some comparable countries^{39,40}. The planning process cemented the strong coalition of the actors needed to improve cancer outcomes, supporting work between different levels of the health system and with patient organisations and health professionals⁴¹. This was underpinned by enduring political and public momentum for the success of each plan⁴².

2.3 Delivering the necessary investment for cancer

Political leaders need to provide the necessary funding to transform cancer outcomes in the UK. A strategy for cancer must come with long term funding commitments and ensure that the investment is targeted in the areas that will deliver the greatest impact for cancer. Without dedicated funding, delivery partners will be limited in their ability to roll out new measures and dilute the ambition of the strategy overall.

Capital investment

Capital investment in infrastructure is integral to delivering world-class cancer care, but across the UK overall capital expenditure is below the average for advanced economies⁴³. The sporadic approach to capital spending seen across the UK with

capital budgets diverted to fund revenue pressures elsewhere in health systems and freezes in spending are making it more difficult to plan for and implement new capital investments effectively^{44,45,46}.

In recent years there has been no coordinated process for replacing old radiotherapy machines in England. Instead, the replacement of old machines has been done on an ad hoc basis, including via investment in 2016 and 2020⁴⁷. Although these funding packets have been important, replacing machines on an ad hoc basis is an inequitable and unsustainable solution that can lead to machines being used beyond their 10-year lifespan⁴⁸. The Public Accounts Committee has highlighted that a long term capital strategy for NHS maintenance costs is important to prevent periods of bottlenecks where hospital Trusts are faced with substantial costs to update infrastructure⁴⁹. Furthermore, a maintenance backlog of £1.1bn in the NHS in Scotland has prompted Audit Scotland to make a similar recommendation for a national capital investment strategy, which should set out cost projections for new building projects, to help ensure that the existing estate can be maintained and reshaped to meet future clinical needs⁵⁰.

Capital investment in underlying health system infrastructure, including spending on IT support, modernising outdated equipment, and improving interoperability, is necessary if systems are to fully realise and implement new technologies in future years⁵¹.

Revenue spending

Alongside capital investment, delivering the necessary amount of in-year funding is required to drive improvement in cancer outcomes. Without providing local systems with the required investment, ambitions set out in cancer strategies will not be realised.

It is therefore concerning that over the past decade, UK health expenditure was behind comparable countries, with the average day-to-day health spending in the UK between 2010 and 2019 18% below the EU14 average⁵². Ensuring that cancer services are working optimally requires spending across the whole health service so that the system is a conducive environment for new interventions.

The rollout of Community Diagnostic Centres (CDCs) in England which began in 2021 is on track to meet targets for boosting physical capacity for testing. However, the full potential of this ambitious programme risks being held back by the NHS' outdated and ineffective digital infrastructure and a lack of workforce capacity to staff new CDCs⁵³. Greater long term planning for cancer can help support the delivery of such interventions, cognisant of revenue resources needed within the existing health system to support implementation.

Increasing the capacity of services over the long term will not be successful without consideration of how many professionals are needed, and how much these posts

will cost. This is particularly important as we know that the UK has on average fewer doctors and nurses per person compared to similar countries⁵⁴. While this may demonstrate admirable efficiency in service delivery, cancer services across the country are struggling with workforce shortages in key specialties. That is why long term workforce planning, joined up with plans on service provision and clinical research, is important.

The use of modelling to predict the number of professionals needed to meet future demands, including the NHS England Long Term Workforce Plan 2023, is required to provide a strategic approach to workforce planning. Any pressures on workforce numbers outlined by modelling must be addressed through planning and investment in training and retention. Steps to address gaps in key specialities, including in the cancer workforce, must also be set out. A cancer strategy can help define the assumptions on demand that feed into cancer workforce planning, including on the impact of new innovations, new pathways, and service improvements. Cancer strategies can provide a response to workforce challenges, in recruitment and retention, that might be specific to the cancer workforce.

Funding transformation

A funding route to deliver long term transformation across the UK should give more priority to prevention and investment in new technologies^{55,56}. Long term planning could set out shifts preventing ill-health, vital for improving health outcomes and is more cost-effective for health services in the long term⁵⁷. However, in the context of constrained budgets and poor operational performance in acute care services, health spending in recent years has routinely not prioritised prevention⁵⁸. As we set out in *Longer Better Lives*, changing the approach could foster greater spending on prevention, by setting out frameworks that consider that interventions on prevention can take many years to deliver cost savings to health services⁵⁹.

2.4 Monitoring and evaluating success

Monitoring and evaluation (M&E) are essential functions to ensure that the actions outlined in national strategies are effectively implemented⁶⁰. This includes capturing information on whether an intervention has been successful, identifying where learnings could be made for future work to support continuous improvement, and assessing if interventions have reduced or exacerbated inequalities^{61,62}. M&E is also important for building transparency and trust surrounding a cancer plan to ensure the Government is accountable to the public for cancer policy commitments⁶³.

Well-designed health improvement strategies have evaluation metrics built into

them from the beginning⁶⁴. Underpinning this is having appropriate data sources available⁶⁵. Cancer Waiting Time standards, which represent minimum expectations that people should have to wait for their care are regularly published across the UK, offer valuable insight into the performance of health systems. Disease registries and other health system datasets provide invaluable insight as to how interventions like cancer screening programmes are driving improvements in outcomes by diagnosing cancer at earlier stages. Data should be complete, of a high quality and capture information on demographics necessary to monitor inequalities in access and outcomes. Systems should be provided with the appropriate capacity and investment needed to support data collection and analysis.

M&E strategies should also be independent with a broad range of clinical and academic expertise fed in. This recognises that self-evaluation may be compromised if the organisation, such as a Department for Health or Health Executive, has a vested interest in the success of the strategy^{66,67}. Bodies such as Clinical Reference Groups set up in NHS England and National Cancer Managed Clinical Networks in Scotland have demonstrated the value of bringing in clinical expertise for specific conditions or treatments, including key cancer treatments, offering valuable clinical, patient and public voice into the day-to-day running of health services.

Evaluation should be supported with a third sector voice in governance structures, providing expertise and facilitating links with patient engagement networks. This is already recognised across the UK with the Scottish Cancer Coalition, the Wales Cancer Alliance, and Northern Ireland Cancer Coalition all currently represented at nations' respective cancer boards and programme boards, and a number of charities represented at the NHS England National Cancer Board in England.

Box 2: Supporting increased accountability in Scotland

The Scottish Government's 10-year Cancer strategy is a strong example of how M&E can be built into the delivery of a plan to support increased accountability and learning. A Monitoring & Evaluation Framework was published alongside the 2023 Action Plan. This framework was created with the support of an advisory group made up of academia, public health, the health service, third sector, and officials from the Scottish Government, which provided external scrutiny. The resulting framework sets out how the overall strategic ambitions and impact of three-year action plan and overall, 10-year strategy will be assessed⁶⁸.

The Scottish Cancer Strategic Board, which has representation from the third sector through the Scottish Cancer Coalition, will own the strategy and associated action plans, and review progress against them according to the framework⁶⁹.

3. Implementing an effective cancer strategy

3.1 Bringing together actors within UK Governments together to deliver for cancer

Effective national leadership for cancer

Strong political leadership is needed in the delivery of a cancer strategy, to keep the focus on cancer across complex systems, and in facilitating clarity and unity of purpose surrounding the ambitions in a national cancer strategy.

The government's role in providing consistent policy direction and sustained investment is vital for ensuring that ambitions set out by political leaders can be delivered upon⁷⁰. Effective leadership for cancer at the centre of government is needed to bring together all the government departments and bodies that have a role to play in improving cancer outcomes. As well as allowing for greater coordination and collaboration, strong national leadership mobilises action across the cancer community.

National leaders, in health systems or Departments of Health, play a pivotal role in implementing and delivering on the policies set out within a national cancer plan for improving cancer services and securing the necessary investment to drive progress. However, much of the improvements in cancer outcomes will be dependent on governance structures, policy change and investment from outside the health system. This includes many measures that need to be implemented to prevent cancer, address cancer inequalities, and support a flourishing environment for cancer research. These areas depend on action from a broad range of government departments and delivery partners, including science and business departments which can accelerate efforts to create flourishing R&D environments, and HM Treasury that can implement measures on taxation and welfare. Local government, which has responsibilities over public and aspects of environmental health, must also be engaged. Evidence shows the impact greater collaboration could have on cost reduction and avoiding duplication⁷¹.

An effective strategy for cancer should consider how it can be delivered across multiple departments and delivery partners and determine how the plan can work

in conjunction with the wider activities of these bodies, including to align investment and policy shifts.

A dedicated national body for cancer

The Institute for Government has highlighted that cross-government working is most successful when it is supported by national organisational structures that work to maintain collaboration between departments over time⁷². For example, UK Government Joint Units and Cross Government Forums have been used to support better working between Ministers and allowed for more regular communication on shared programmes of work⁷³. Such bodies are most successful when the leadership lies at the top of Government, is backed up by a sufficiently resourced secretariat, and when meetings are frequent enough to maintain focus on the goal^{74,75}.

International evidence further demonstrates that a dedicated body for cancer at the national level could support this effort to build a shared vision surrounding a cancer strategy⁷⁶. In *Longer Better Lives*, we called for the UK Government to implement a National Cancer Council for England. The National Cancer Council would join up work across actors in government, including the Department for Health and Social Care (DHSC), the Department for Science, Innovation and Technology, the Treasury and Prime Minister. It would also include representatives from NHS England, UKRI, and expert advisors from charities and the research sector. This would ensure greater alignment and coordination in the delivery of the policy shifts and investments set out in a cancer plan.

3.2 Health system leadership

Strong leadership within health systems is essential to implement an effective cancer strategy. Alongside clear direction set out in comprehensive cancer plans, national health leaders should have a number of levers to drive the delivery of key policies. A clear mandate from central government on national ambitions, and the commitment to sustained and consistent investment is necessary for system leaders to plan and allocate the funding streams⁷⁷. System leaders should set targets for health systems and have the capacity to provide intensive support to services that are struggling to reach these national ambitions⁷⁸. Effective health systems should ensure that there are accountability structures in place for the delivery of national priorities, which need to be supported by transparency and communication between system leaders and providers⁷⁹.

National strategies provide essential mandates for health system leaders to maintain focus on long term priority areas even when day-to-day operational

performance falls short. For example, the NHS Long Term Plan published by NHS England in 2019 set out many interventions on early diagnosis with the overall ambition to increase the number of cancers diagnosed at early stages (stage 1 and 2) to 75% by 2028. This commitment has supported the implementation of several early diagnosis interventions in England such as introducing the Faster Diagnostic Standard and the commitment to rolling out Lung Cancer Screening. This demonstrates that strong national direction supported with dedicated funding, can drive the delivery of high-profile national initiatives.

Meanwhile, strong, joined-up and expert leadership at the local level is also important for national priorities to be effectively implemented. Guided by national planning local systems should be empowered to adapt these nationally recognised priorities to local contexts⁸⁰.

Box 3: Delivering effective local structures for cancer in England

The most recent cancer strategy for England *Achieving World Class Cancer Outcomes: A strategy for cancer 2015–2020* provides a strong example of how cancer strategies can deliver important shifts in the delivery of cancer care. This plan aimed to strengthen whole system working by recommending the introduction of Cancer Alliances.

Since their introduction in 2016 Cancer Alliances have proven to be exemplars of local system working. Cancer Alliances have taken forward the national cancer transformation agenda set by the NHS England National Cancer Programme within their local systems and in recent years have provided Integrated Care Boards with the expertise, dedicated resource and expert leadership that cancer needs at the local level. With the current funding period coming to an end in 2024/25 it is important that local systems are given the reassurance that dedicated local leadership and delivery for cancer will continue to be supported in the long term.

3.3 Mobilising the whole government to prevent cancer

A shift from treating ill health to preventing more cancer cases in the first place will require action from multiple government departments. The health service has an important role to play in preventing cancer and should be properly supported to do so. Supporting people to quit smoking, which is the biggest cause of cancer, can be encouraged by health professionals offering advice on quitting smoking and signposting patients to services. Services play a vital role in secondary prevention, for example through HPV vaccination and screening.

Preventing cancer requires population-based measures to make healthy living as affordable and achievable as possible. The UK has a strong history of using such measures to tackle some of the biggest causes of cancer, including the 2008 plan on smoking in public places and the 2016 plain packing legislation. More recently, the landmark proposal to raise the age of sale of tobacco in England – with welcome support across governments and administrations in Scotland, Wales and Northern Ireland – could mean up to 9.7 million fewer cigarettes will be smoked per day by 2040 if the legislation were successfully introduced across the UK.⁸¹ Furthermore, the 2022 TV and online advertising restrictions on HFSS foods (due to be implemented in October 2025) could have significant effects on reducing overweight and obesity rates, with UK Government figures suggesting the policy could reduce the number of children living with obesity by around 20,000⁸².

Action from Governments on these risk factors is important to address stark inequalities in cancer incidence and outcomes, given that cancer risk factors are more common in some groups. For example, cancer incidence in the UK is higher in the most deprived areas of the UK, with around 33,000 extra cases of cancer associated with socio-economic deprivation⁸³.

Cross-government working, which considers the role of multiple departments within UK Governments, can ensure there is action on wider determinants of health⁸⁴. These wider determinants consider how the conditions in which people are born, grow, live, work and age affect their health, alongside the influence of inequities in power, money, and resources⁸⁵. Currently, preventable risk factors are often viewed in silos, despite common causes⁸⁶. For example, efforts to reduce tobacco and alcohol usage, and address rates of overweight and obesity, need to consider the role of commercial actors⁸⁷.

Ultimately, a greater consideration of the whole of government's role in health will positively affect population health overall and improve productivity⁸⁸. Strong leadership within central government, such as through a National Cancer Council in England, can support joined-up action on preventing cancer to ensure health remains a priority for the whole of government in the long term and facilitate join-up between efforts on prevention and a broader cancer strategy.

3.4 Joining up actors across the research and innovation ecosystem.

Research is fundamental to preventing more cancers, detecting and diagnosing them earlier, and finding more effective and kinder treatments. The UK Government must demonstrate the leadership and financial commitment needed to accelerate the UK's research efforts. A focus on science and technology at the heart of

government, driving ambitious programmes and enabling focus on key problems can support progress, as was seen during the UK's Covid-19 vaccine programme⁸⁹.

The establishment of Department for Science Innovation and Technology (DSIT) and a cabinet-level science post provide a solid foundation to oversee cancer research. It is essential that visions for research set out by DSIT such as the Science and Technology Framework and subsequent strategies are aligned and joined up with the Department of Health and Social Care, including through cancer strategies.

The UK needs to have a world-leading, coordinated environment for cancer research that makes best use of expertise across the whole life sciences sector. A National Cancer Council could support joined-up action between Government departments ensuring that there is collaboration on shared priorities, reducing overlap or duplication. Within this, the UK Government needs to collaborate with the whole sector, including public funders, UK Research and Innovation (UKRI) and National Institute for Health and Care Research (NIHR), charity funders, industry, universities, and researchers to ensure the life science ecosystem is strong, resilient, and financially sustainable for the long term. This should include a commitment from the UK Government to set out a plan with these partners to close the £1bn funding gap for cancer research over the next decade⁹⁰.

Existing structures such as the Office for Life Sciences, the Cancer Mission, and the Life Sciences Council, must be able to effectively collaborate within this bolstered national leadership capability for cancer. This would provide policy stability, giving researchers greater certainty over the cancer research funding environment. The National Cancer Council would provide an opportunity for external scrutiny and regular meetings on key topics, supporting transparency across multiple partners.

The benefits of research must reach patients quickly. However, responsibility for the innovation pathway in England currently sits across Government, with different responsibilities for the DSIT, DHSC, and the Office for Life Sciences. As we highlighted in *Longer Better Lives*, determining clearer points of responsibility for different parts of the pathway would drive forward progress and coordinate different parts of the sector⁹¹. For example, FOR the Cancer Drugs Fund joined up national government agencies, NICE, and NHS England, reducing fragmentation and overlap across these bodies to ensure earlier patient access to cancer medicines⁹².

4. What do we want to see across the UK?

We've seen progress in cancer survival over the last 50 years, with cancer survival doubling in the UK. But progress is at risk of stalling⁹³. UK cancer survival lags behind other similar countries and improvements in outcomes are at their slowest point in the last 40 years^{94,95}. Every day, people affected by cancer face anxious waits for tests and treatment, with targets missed in every part of the UK in recent years. Meanwhile, this challenge is only expected to grow. If current trends in UK cancer incidence continue, cancer cases will rise from the 420,000 diagnosed each year now, to around half a million by 2040⁹⁶.

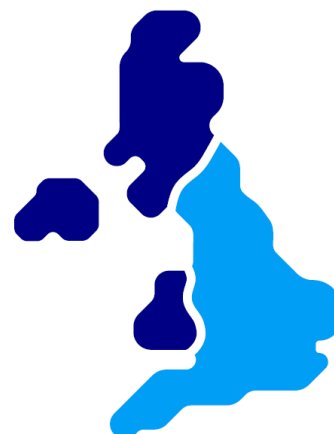
Action must be taken across the UK to address this. There are no easy fixes, but if each UK nation demonstrates political will and the right strategy of reform and investment, we can deliver long term solutions to the problems facing cancer patients today.

This section of the paper highlights how the principles of good cancer leadership can be applied to the unique circumstances and arrangements in each UK nation, and what actions Governments in England, Scotland, Wales and Northern Ireland must take to elevate UK cancer survival to among the best in the world and help everyone lead longer, better lives free from the fear of cancer.

Our Manifesto for Government, *Longer, Better, Lives* sets out what specific ambitions across cancer research, prevention, and care we need to see to accelerate cancer survival. These missions are backed by a detailed and interconnected policy response in our [Programme for UK Government](#).

4.1 England

England does not have a dedicated strategy for cancer in place. This is out of step with the rest of the UK – Scotland, Wales and Northern Ireland each have one in place, and it is also out of line with England’s twenty-year history of long term cancer strategies. It also goes against the grain of public opinion with almost 8 in 10 people in England thinking the UK Government needs to develop a long term and fully funded plan specifically for cancer⁹⁷.



The most recent plan for England, *Achieving World Class Cancer Outcomes: A Strategy for Cancer*, expired in 2020 and since then, services have been predominately led by the 2019 NHS Long Term Plan. This set out a welcome ambition to see 75% of cancers diagnosed at stages 1 or 2 by 2028, and a number of transformation projects to support this including Targeted Lung Health Checks. However, the plan lacks detail on cancer treatment, setting out commitments on actions that were already underway such as establishing proton beam therapy centres which had already been announced in 2015.

Furthermore, recognising that long term progress in improving cancer outcomes is dependent on action outside the health system in research and prevention, the strategy is limited by the remit of NHS England. The Long Term Plan was only able set out action across the health system and does not facilitate a broad cancer control system guiding action across Government which is needed to transform the lives of people affected by cancer today, and in the future.

It is very concerning that England does not have a cancer plan in place when the challenges are so significant. With real political will, investment, and reform we can deliver long term solutions to the problems impacting people affected by cancer today. Alongside a 10-year cancer strategy for England, underpinned by rolling three-year action plans, there needs to be clearer leadership for cancer within the central government. The plan should be delivered through a broader leadership model for cancer in England, including a National Cancer Council accountable to the Prime Minister for coordinating cross-government action on cancer, including in research and prevention.

Policy recommendation – England

1. **The UK Government should publish a new, comprehensive 10-year national cancer strategy within one year of the next general election**, underpinned by a national ambition to reduce cancer mortality by 15% by 2040. This strategy should be:
 - Developed under the leadership of an independent expert and cover all aspects of cancer research and innovation, prevention and healthcare. It should also include consultation, collaboration and co-production with the whole cancer community, including clinical and research leaders, charities and people affected by cancer.
 - Underpinned by a series of rolling three-year action plans that set out measures to address short-term challenges and opportunities, while also laying the groundwork for the longer-term transformative changes to cancer research and care needed to deliver the 2040 ambition – with a clear expectation that the strategy will be followed by subsequent strategies.
2. **The UK Government should establish a National Cancer Council within one year of the next general election**, which will hold leaders to account for delivering on key actions and outcomes, including cross-government actions. The Council should:
 - Be chaired by the prime minister and consist of, at a minimum, the Secretaries of State for Health and Social Care and Science, Innovation and Technology, representatives of the Treasury, the Chief Executive of NHSE and the National Cancer Director, public research funders and expert advisors, including those across the third sector.
 - Be supported by a robust secretariat and meet every six months. Commission expert advice on how best to implement a long term model for cancer leadership across government, building on existing evidence and considering international examples, to be established by the end of the first three-year action plan.

4.2 Wales

The Welsh Government published the Quality Statement for Cancer in 2021. In response, the Wales Cancer Network published the Cancer Improvement Plan in 2023⁹⁸. The plan provided some clarity for Health Boards on their short-to-medium term plans for cancer. It was also welcome that cancer patient groups and the third sector were actively involved in the vision of the plan. However, the plan only looks ahead three years and lacks the funding necessary to solve issues surrounding underinvestment and workforce shortages.



The new NHS Executive could also have the potential to streamline accountability from the national level, with regional working, through to the Health Board and service level. Such an arrangement could streamline national decision-making and support system improvement. To achieve this, it is important that the NHS Executive has the appropriate powers, working alongside Health Boards and Trusts, to support cancer transformation across Wales. The NHS Executive currently has relatively limited levers to set new priorities or increase investment, and it is presently unclear how accountability and direction will flow from the Welsh Government to Health Boards through the NHS Executive, which could create misaligned accountabilities on strategy and performance.

The NHS Executive could have the powers to act as a strong national leader for cancer including through greater decision-making powers and strong links with both the Welsh Government and NHS Wales to facilitate funding streams and deliver on national priorities. This should come alongside oversight and evaluation mechanisms so that the NHS Executive can hold systems to account for delivery. In addition, the Welsh Government must join up transformation of the health system in Wales with action across cancer prevention and research.

Policy recommendation – Wales

1. **The Wales Government alongside the NHS Executive and National Strategic Clinical Network for Cancer (NSCNC) should develop a new, comprehensive cancer strategy as a priority.** This should set a long term vision with dedicated funding package and strong mechanisms on accountability to ensure implementation.

Policy recommendation – Wales

2. **The NHS Executive and NSCNC should together have the appropriate decision-making powers and levers necessary to provide national leadership for cancer transformation in Wales.** This should include the NHS Executive being able to hold the system to account for delivery; empower local leadership to deliver service improvements on the ground; provide mechanisms for oversight and regular evaluation; and call for sufficient funding to enable progress.
 - The NHS Executive and NSCNC needs to have third sector expertise to inform its work, including from Cancer Research UK. Wales has an active cancer community which can offer insight into patients' lived experience, extensive expertise, and constructive challenge. Historically, this collaboration was embedded within the Wales Cancer Network. As a priority, the role of the third sector in NHS Executive and NSCNC must be set out.

4.3 Scotland

The Scottish Government published its current 10-year Cancer Strategy in 2023⁹⁹. The strategy aims to improve cancer survival and provide equitable and accessible care. It set out positive commitments to improve outcomes for patients including to prevent more cancers, reduce late-stage cancer diagnosis and tackle inequalities.

The strategy was published following a wide consultation including with patients and organisations, which was echoed in the final strategy including with one of the strategy's key ambitions, 'person-centred care for all', reflecting the strongest recommendation that emerged from the consultation¹⁰⁰¹⁰¹.

The strategy also has a welcome focus on delivery, including that three separate delivery plans are being published over the 10-year period, which will help ensure that momentum behind the vision is maintained.



A dedicated body, the Scottish Cancer Strategic Board, which sits within the Scottish Government, will own the strategy and associated action plans and importantly, will carry out regular monitoring. It is welcome that the Scottish Cancer Coalition, which is a partnership of voluntary organisations chaired by Cancer Research UK, sits on the Strategic Board to provide insight from the third sector. Beyond this, the delivery of the plan also recognises that ownership of the strategy should be at the appropriate national, regional, and local levels¹⁰².

The strategy does recognise the importance of supporting the innovation pipeline where this connects with the health system, including clinical research. However, the strategy does not mention the recent Scottish Innovation Strategy and how this could be delivered in tandem with the 10- year strategy to ensure that the adoption and spread of key cancer innovations is supported by the government.

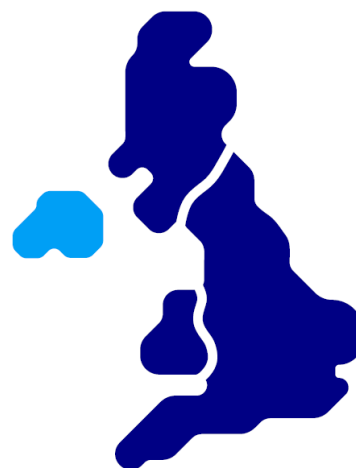
Recognising a constrained financial environment for public services in Scotland, a fundamental flaw in the Scottish Cancer Strategy is that it lacks full financial commitment. Appropriate funding for the ambitions set out in the plan are essential for their successful implementation, without the dedicated funding the strategy risks being a missed opportunity to deliver transformation for people affected by cancer across Scotland.

Policy recommendation - Scotland

- 1. The Scottish Government must urgently set out additional funding for the 10-year strategy for cancer**, including how this funding will be delivered across the strategy's 3-year actions plans.

4.4 Northern Ireland

The Northern Ireland Executive published a 10-year Cancer Strategy for Northern Ireland in March 2022. The strategy offered a welcomed commitment to improving cancer services and included ambitious plans to increase survival with 60 actions for tackling inequalities, preventing more cancers, and increasing early diagnosis. It was also positive that the strategy was co-produced with input from a number of cancer charities and importantly, included



patient representatives. This has been carried forward with similar representation on the Cancer Programme Board. The strategy was accompanied by a ten-year funding plan, outlining the estimated indicative investment necessary to implement the actions set out in the strategy.

However, with no Executive sitting for two years between 2022 and 2024, and the funding outlined in the strategy document not being made fully available, progress on implementing actions in the early years of the strategy have been limited. This is in the context of deteriorating waiting times for cancer patients in Northern Ireland, which are the worst in the UK.

It is concerning that the ambitions set out in the plan are not yet being realised, leaving cancer patients behind. Therefore, delivery and funding for the plan must be a key priority for the Northern Ireland Executive now that it is up and running once again.

Policy recommendation – Northern Ireland

- 1. The Northern Ireland Executive must urgently commit to fully fund and implement the 2022 10 year Cancer Strategy:**
 - The funding package should reflect how cancer services were struggling to cope even before the pandemic and the deterioration of services we have seen during the time in which the Assembly was not sitting.

4.5 Summary of recommendations

	Cancer plan in place?	Recommendation
England	No – but the NHS Long Term Plan (2019) includes important ambitions for cancer services.	<p>A 10- year Cancer Strategy joining up ambitions across cancer prevention, care and research.</p> <p>A National Cancer Council to support implementation and monitoring the strategy, joining up cross government action.</p>
Wales	Yes- Cancer Improvement Plan (2023- 2026) and Quality Statement for Cancer (2021)	A new cancer strategy for Wales which is long term, fully funded with strong mechanisms on accountability to ensure implementation.
Northern Ireland	Yes - Cancer Strategy for Northern Ireland (2022- 2032)	Now the NI Executive is up and running the Executive must urgently commit to fully fund and implement the 10- year Cancer Strategy.
Scotland	<p>Yes- Cancer strategy (2023 to 2033) and the Cancer Action Plan (2023-2026)</p> <p>to 2033) and the Cancer Action</p>	The Scottish Government must urgently set out additional funding for the 10-year strategy for cancer, including how this funding will be delivered across the strategy's 3-year actions plans.

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