

## **NHS 10-Year Plan (July 2025): Cancer Care and Cancer Alliances**

The NHS 10-Year Health Plan (“Fit for the Future”) published in July 2025 sets out how England’s health service will transform over the next decade.

A core aim is to improve cancer outcomes – recognising that outcomes for major killers like cancer currently lag behind those in other countries.

Here is the open letter to all NHS staff:

<https://www.england.nhs.uk/long-read/fit-for-the-future-10-year-health-plan-for-england-open-letter-to-staff/>

The full plan can be accessed here: <https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>

The Ten-Year Health Plan sets out a bold, ambitious and necessary new course for the NHS.

- It seizes the opportunities provided by new technology, medicines, and innovation to deliver better care for all patients - no matter where they live or how much they earn - and better value for taxpayers.
- The NHS is fundamentally reinventing its approach to healthcare, so that it can guarantee the NHS will be there for all who need it for generations to come.
- Through three shifts – from hospital to community, from analogue to digital, and from treatment to prevention – the NHS will personalise care, give more power to patients, and ensure that the best of the NHS is available to all.

### **The three shifts**

- From hospital to community: transforming healthcare with easier GP appointments, extended neighbourhood health centres, better dental care, quicker specialist referrals, convenient prescriptions, and round-the-clock mental health support - all designed to bring quality care closer to home.
- From analogue to digital: creating a seamless healthcare experience through digital innovation, with a unified patient record eliminating repetition, AI-enhanced doctor services and specialist self-referrals via the NHS app, a digital red book for children's health information, and online booking that ensures equitable NHS access nationwide.
- From sickness to prevention: shifting to preventative healthcare by making healthy choices easier—banning energy drinks for under-16s, offering new weight loss services, introducing home screening kits, and providing financial support to low-income families.

## **What does it mean for staff by 2028/29?**

It is a clear aim of this plan is to make the NHS the very best place to work – setting new standards for flexible, modern NHS employment, expanding training opportunities and reducing the burden of admin:

- A new set of Staff Standards for modern employment in the NHS will be introduced.
- The time staff need to spend on statutory mandatory training will be substantially reduced by April 2026.
- Single sign-on for NHS software will be introduced to reduce the administrative burden on staff.
- We will further liberate staff from admin and free-up time for patient care and, starting in 2027, we will roll out validated AI diagnostic tools and deploy AI administrative tools NHS-wide.
- New advanced practice models will be developed for nurses, midwives and allied health professionals.
- We'll have streamlined the NHS operating model, by reducing the number of organisations involved and simplifying decision-making.
- We will also support staff to focus on quality, working with clinicians and patients to develop a new series of 'Modern Service Frameworks' to accelerate progress in conditions where there is potential for rapid and significant improvements in quality of care and productivity.

## **Cancer Summary**

**The three shifts will enable rapid progress on the prevention, diagnosis and treatment of cancer:**

- Hospital to community will make it easier to access cancer screening, diagnostic and treatment services in patients' local areas, with more choice for people on how and where they access these services.
- Analogue to digital will ensure the NHS is able to harness the power of technological innovation to improve the prevention, diagnosis and treatment of all cancers.
- Sickness to prevention will enable the NHS to identify those who are at greatest risk of developing cancer earlier and make it easier for everyone to access screening services.

### **Key policies:**

- We will eliminate cervical cancer by 2040: women and girls will all be able to access the HPV vaccine and cervical screening will be more accessible through the use of self-sampling kits.
- Cancer screening will be available to book and histories of cancer screenings will be logged on the NHS App, meaning both patients and healthcare professionals can review a patient's full medical history.

- Those most at risk will be provided with lung cancer screening to detect more cases of cancer at an earlier stage
- Genomic testing for inherited causes of cancers will be expanded from next year.
- The MHRA will prioritise the review of personalised cancer vaccines, with 10,000 cancer vaccines to be provided in the next 5 years.
- DHSC has set up the Children and Young People Cancer Taskforce to look at how cancer in children and young people can be prevented and diagnosed more effectively.
- Access to 24/7 advice on the NHS App will provide patients with reassurance when facing the difficulties of living with cancer. The single patient record will also mean patients do not have to retell their story, whether they are receiving care in hospital, the community or at home.
- The MyHealth tool through the NHS App will bring all health data in one place, enabling remote monitoring.

## Cancer Detail

### Prevention (Reducing Cancer Risk)

The plan places a strong focus on prevention to stop people developing cancer in the first place. This means tackling the causes of cancer through public health measures and community-based support. Key prevention initiatives include:

- **Boosting HPV vaccination:** The plan commits to increasing uptake of the human papillomavirus (HPV) vaccine among young people who missed it at school. From 2026, community pharmacies will deliver HPV jabs to school-leavers.

This wider access aims to improve protection against HPV-related cancers, with an ultimate goal of eliminating cervical cancer by 2040. Higher vaccination rates should significantly reduce cervical cancer cases in the coming decades.

- **Lifestyle services in the community:** New Neighbourhood Health Services will make preventive support easily accessible. Every community will have a neighbourhood health centre open 12 hours a day, 6 days a week, offering services like stop-smoking programmes, diet and obesity support, and alcohol advice.

By embedding smoking cessation and weight management services into local hubs, the plan tackles major cancer risk factors (tobacco, unhealthy diet) at

the grassroots. These community teams (including GPs, pharmacists, nurses and others) will help people quit smoking and lead healthier lives, which over time will lower rates of lung, bowel, and other cancers.

- **Public health measures:** The government will also use policy levers to encourage healthier choices. For example, the plan proposes new standards for alcohol labelling and support for low-alcohol products, aiming to reduce alcohol-related cancers.

There is a broader shift from treating illness to making “the healthy choice the easy choice” – meaning prevention is built into everyday life. Through education, better food and alcohol policies, and community engagement, the NHS will work to reduce the overall incidence of cancer in the population.

- **Investing in prevention to ease future burden:** Preventing cancer is not only about health benefits but also sustainability of the NHS. By bending the demand curve through prevention, the plan expects to reduce future pressures on services. In practice, fewer people getting cancer (or getting it later in life) means less strain on hospitals and better outcomes for society. Targeted prevention – whether vaccinating against cancer-causing viruses or helping people adopt healthier lifestyles – is therefore a cornerstone of the ten-year strategy.

## Early Diagnosis (Finding Cancer Sooner)

The 10-Year Plan introduces several initiatives to improve screening and early diagnosis of cancer:

- **Expanded screening programmes:** The plan will “fully roll out” a nationwide lung cancer screening programme for people at high risk (such as long-term smokers). This builds on successful pilots of targeted lung health checks, which identified thousands of lung cancer cases – over 76% of them at an early stage (I or II) thanks to the checks.

With national roll-out, many more lung cancers will be caught early when treatment is more likely to succeed. Similarly, the plan promises new screening initiatives as needed for other cancers, learning from successes like the bowel cancer screening programme (which has been very effective).

- **Improving screening uptake:** To make it easier for people to participate in screening, the NHS will introduce home sampling kits for cervical screening. Around five million women in England are not up to date with cervical screening; sending self-sampling kits to those who haven’t attended invites will allow them to take a sample at home and send it in.

This convenience aims to increase screening uptake and catch more cervical abnormalities before they turn into cancer. The plan similarly envisions using the NHS App as a “digital front door” for health services, so by 2028 patients

can receive screening reminders, book tests, and get results via the app. Making screening more accessible – whether through technology or community outreach – is expected to boost early detection rates.

- **Community diagnostic hubs and AI tools:** In line with shifting care into communities, the NHS is investing in Community Diagnostic Centres and deploying new technology to speed up diagnosis.

For example, in Greater Manchester hospital trusts are already using artificial intelligence to read chest X-rays for lung cancer detection in under a minute. This kind of AI decision-support will be expanded, helping radiologists and GPs spot cancers sooner. The plan's emphasis on digital innovation means such tools (along with improved access to CT/MRI scanners) will become more common, allowing for faster diagnosis of cancers.

By bringing diagnostics closer to patients – in mobile units, high-street centres, or via smart software – the NHS aims to meet the new Faster Diagnosis Standard consistently (which requires a cancer diagnosis or all-clear within 28 days of referral). Early signs from 2024 were promising, with 77.5% of patients receiving a diagnosis or ruling-out of cancer within 28 days; the plan seeks to drive this even higher.

- **Genomic testing and risk stratification:** A cutting-edge element of the plan is the creation of a new “Genomics Population Health Service” accessible to all by 2030. This will include universal newborn genomic testing – meaning babies could be screened for genetic markers of certain conditions (including cancer predispositions) at birth.

Additionally, the NHS will implement population-based polygenic risk scoring. This means using genetic information to predict individuals' risk for common diseases like cancer. By the end of the decade, the NHS hopes to identify people who have a higher genetic risk for cancers (for example, BRCA gene mutations or other risk profiles) even before they become ill.

Those identified can then be offered proactive monitoring, preventative measures, or earlier screening. In summary, the plan leverages the UK's strong genomics expertise to find those at risk of cancer earlier and intervene before disease develops. Over time, these efforts should contribute to more cancers being diagnosed at Stage 1 or 2, improving survival odds.

- **Closing gaps and reducing inequalities:** Acknowledging that some communities have far worse cancer outcomes than others, all these early diagnosis initiatives will be tailored to reach underserved groups. Mobile units like the “Living Well” buses that bring health checks and cervical screening into hard-to-reach neighbourhoods are examples of taking services to the people.

The government has also earmarked £2.2 billion to tackle health inequalities by moving resources (such as extra diagnostic equipment and staff) into the areas with greatest need. For cancer, this means prioritising early detection

efforts in regions with low screening uptake or high late-stage diagnosis rates. Cancer Alliances already design local outreach to improve screening in their populations, and under the new plan this work will intensify.

The expected result is more equitable early cancer detection across England, so that your chances of surviving cancer do not depend on where you live or your background.

## Treatment and Care (Improving Outcomes and Patient Experience)

For patients who are diagnosed with cancer, the 10-Year Plan outlines reforms to ensure they receive timely, world-class treatment and ongoing support. The strategies to improve cancer treatment and care include:

- **Reducing waiting times and backlogs:** The plan recognises that cancer waiting times have been unacceptably long – the key 62-day referral-to-treatment target hasn't been met since 2015. To fix this, the NHS is already increasing capacity with extra surgical hubs, diagnostic centres, and newly recruited staff.

The plan goes further by stating it will continue to make use of private sector capacity to treat NHS patients where needed. This means if public hospitals can't provide prompt cancer surgery or therapy, patients may be referred to approved private providers at NHS expense to avoid delays. By expanding total capacity, the aim is to get back to acceptable waiting times – for instance, the immediate goal was 70% of patients treated within 62 days by 2025, with further improvement thereafter.

Over the decade, the ambition is that patients will be diagnosed and start cancer treatment much faster, ending the distressing waits that many face today.

- **Investing in advanced treatment technologies:** The NHS will modernise its treatment equipment and techniques. For example, the plan will expand the use of surgical robots in line with NICE guidelines, enabling more minimally-invasive cancer surgeries with potentially better outcomes and quicker recovery (this is especially relevant in prostate, colorectal, and gynaecological cancers).

There is also a push to harness cutting-edge therapies: the plan mentions establishing new global institutes to lead on science and innovation and to speed up clinical trials (with a target to cut clinical trial setup times to 150 days). Faster trials mean promising treatments (like cancer vaccines or novel drugs) can reach patients sooner.

The NHS's partnership with life science companies – for instance, the "Cancer Vaccine Launchpad" – will be built upon to give patients early access to innovations. In short, the plan strives to make the NHS a leader in cancer treatment innovation, whether through state-of-the-art surgical tools, precision radiotherapy, or next-generation medicines.

- **Quicker adoption of new cancer drugs:** Patients across England should get equal, speedy access to effective cancer medicines. To achieve this, the government will introduce a Single National Formulary (SNF) for medicines within two years.

This single formulary, managed with input from NICE, will replace the patchwork of local drug lists and end the “postcode lottery” in cancer drug access. Currently, it can happen that a cancer drug approved by NICE is available in some regions but delayed in others by over a year – the plan intends to stop this.

Under the new system, once a cancer treatment is proven and approved, all patients should benefit without regional variation. Moreover, NICE’s role will expand to regularly review which outdated treatments can be deprioritised (and resources reinvested in newer therapies).

The plan also proposes linking NHS funding incentives to following NICE guidance. Overall, these steps will speed up the uptake of effective cancer drugs and therapies, so patients get the best available treatment no matter where they live.

- **Personalised and genomic medicine:** As part of improving treatment, the NHS will integrate genomics into routine cancer care. The plan’s investments in genomic testing (mentioned earlier) also affect treatment selection – for example, by expanding whole-genome sequencing for cancer patients to guide targeted therapies.

Currently, access to such genomic tests is limited (only ~5% of eligible brain cancer patients get whole-genome sequencing, for instance). With the plan’s vision, a much larger proportion of patients will have their cancer genetically profiled. This helps oncologists choose the most effective, personalised treatments (like matching patients to specific drugs that work best for their tumour’s genetic mutations).

As the NHS moves toward its goal of 50% of healthcare interventions being genomics-informed by 2035, cancer care will become more tailored to the individual, improving outcomes and reducing trial-and-error in therapy.

- **Enhanced support during and after treatment:** The ten-year plan emphasises bringing care closer to home, and this applies to cancer aftercare and support as well. Local follow-up care for cancer patients will be strengthened so that GPs and community nurses play a bigger role alongside specialist cancer centres.

Today, many patients feel isolated after hospital treatment – for example, most kidney cancer patients in one survey had no GP follow-up within five weeks of discharge. The plan’s neighbourhood teams will change this by actively monitoring and supporting patients once they return home.

Through integrated primary care and community services, cancer survivors will get regular check-ins, help with symptoms or side effects, mental health support, and palliative care if needed – all closer to where they live. At the same time, these services will be connected to specialist oncology units (“centres of excellence”) so that any concerning signs can prompt quick referral back to the hospital.

By integrating care across hospital and community, the plan ensures cancer patients are not lost in the system: they will have a continuous care pathway that addresses their medical, emotional, and practical needs. This holistic approach should improve quality of life and outcomes for people living with and beyond cancer.

- **Accountability for high-quality cancer care:** The plan introduces new transparency and accountability measures to drive up quality. Starting in 2025, it promises easy-to-understand “league tables” publishing key quality indicators by provider.
- For cancer services, this could mean clear data on metrics like one-year survival, waiting times, patient experience, etc., for each hospital or area. Underperforming services will face intervention: there’s a “new failure regime” where if local cancer care consistently under-performs, national teams will step in to make changes.

Conversely, high-performing teams may earn greater autonomy or rewards. By tying leadership performance and funding to outcomes, the plan aims to foster a culture of constant improvement in cancer care. NHS leaders will be expected to meet improvement targets (for example, narrowing the gap in cancer survival between the best and worst areas) and will be held accountable if they do not.

This is meant to galvanise the system to deliver on the plan’s promises – so that by 2035, England’s cancer outcomes are among the best globally, and patients uniformly receive timely, effective treatment.

### Role of Cancer Alliances (Regional Coordination)

The 10-Year Plan reinforces the importance of cancer alliances in driving changes on the ground and ensuring national strategies translate into local action. Under the plan:

- **Local implementation of national initiatives:** Cancer Alliances will be key to implementing the plan’s cancer initiatives – such as screening programmes, early diagnosis drives, and service innovations – in ways that suit local needs.

They have experience running projects like targeted lung screening in communities, and this expertise will help in scaling up those programmes across all regions.



Essentially, alliances act as the engine for cancer transformation locally, coordinating between hospitals, clinics, and public health teams to deliver the plan's goals (from prevention to survivorship) within each area.

- **Tackling inequalities and sharing best practice:** Alliances are tasked with addressing cancer inequalities – they develop local strategies to reach underserved populations (for example, increasing screening in ethnic minority groups or remote coastal areas).

This aligns with the plan's focus on levelling up health outcomes. Cancer Alliances are increasingly focusing on health inequalities in their plans, ensuring that factors like deprivation or rurality are tackled. They also provide a forum to share best practices between regions.

If one alliance pioneers a successful approach (say a community outreach that significantly boosts early diagnosis), it can be spread to others. Under the more transparent NHS, data on what's working will be readily available, and alliances will collaboratively adopt interventions that improve cancer care for all.

- **Involving patients and the public:** A core strength of Cancer Alliances is amplifying the patient voice in service design. The national Cancer Programme has a permanent Patient and Public Voice forum where patient representatives nominated by cancer alliances contribute to major programmes.

Alliances regularly engage with patients and community groups to understand their needs and experiences. The 10-Year Plan's ethos of "co-production" and giving patients more control fits well with this.

We can expect alliances to continue involving local people in shaping cancer services – whether it's designing user-friendly follow-up pathways or culturally appropriate awareness campaigns. This ensures the changes made under the plan genuinely reflect what patients want and need.

- **Integration with Integrated Care Boards (ICBs):** The plan is merging NHS England into the Department of Health and boosting the role of Integrated Care Boards as strategic commissioners. Cancer Alliances will work closely with ICBs (which cover similar geographic footprints) to embed cancer priorities into overall NHS plans for each region.

While ICBs control budgets and commissioning, alliances provide the expert cancer focus and detailed delivery plans. The plan's new "earned autonomy" approach means well-performing local systems get more freedom – here, a strong alliance that improves outcomes might gain greater say in directing cancer resources.

Conversely, if an area's cancer services are failing (e.g., very poor waiting times or survival rates), the plan's failure regime could involve the alliance in corrective action or even restructuring services. In summary, the alliances will

be the on-the-ground leaders ensuring that the national 10-Year Plan's cancer objectives (early diagnosis, timely treatment, patient-centred care, etc.) are delivered regionally, working in tandem with the new integrated care structures.

- **Preparation for the National Cancer Plan:** The Government is developing a dedicated National Cancer Plan following this health plan, to provide a detailed roadmap for cancer care. Cancer Alliances will likely play a pivotal role in that as well – both in shaping it (since the ongoing call for evidence has involved many alliance contributions) and in executing it once published. As noted by cancer charities, there is anticipation for how the forthcoming Cancer Plan will build on the ten-year plan's ambitions.

In the meantime, alliances are expected to start moving towards these new ambitions now. They will continue to work with NHS cancer services “at all levels” during this transition. Their collaborative structure – uniting GPs, hospitals, and community services – embodies the plan's push for a more networked, collaborative approach to cancer care across the NHS.

**Table: Major Cancer Initiatives in the NHS 10-Year Plan and Their Expected Impact**

Initiative	Expected Impact on Cancer Care
HPV Vaccination Expansion – Offering HPV vaccines through pharmacies to teenagers and young adults who missed it at school.	Improves vaccine coverage against HPV, preventing more HPV-linked cancers (like cervical cancer). This supports the goal of eliminating cervical cancer by 2040 through herd immunity.
Lung Cancer Screening Nationwide – Rolling out targeted lung health checks for high-risk groups (long-term smokers) across England.	Enables earlier detection of lung cancer in asymptomatic people. Screening pilots found over 76% of lung cancers at early stage – nationwide screening will similarly boost early diagnosis and survival rates, particularly in areas with high smoking rates.
Self-Sampling Cervical Screening Kits – Mailing home test kits to individuals overdue for cervical screening.	Increases participation in cervical screening by making it more convenient. Higher uptake means more pre-cancerous changes will be caught and treated early, leading to fewer cervical cancer cases and deaths. It especially helps those who might not attend clinic due to time, embarrassment or other barriers.
Genomic Testing & Risk Profiling – Introducing universal newborn genomic testing and polygenic risk scoring services by 2030.	Identifies people with elevated genetic risk for cancer (and other diseases) far in advance. This allows for tailored screening or preventive interventions

	(for example, closer monitoring for those predisposed to breast or bowel cancer), ultimately aiming to reduce cancer incidence and improve outcomes through personalised prevention.
Neighbourhood Health Centres (Community Hubs) – New local clinics offering check-ups, follow-ups, and lifestyle support (e.g. stop smoking programmes, dietary advice) closer to home.	Brings post-treatment cancer care and support into the community, improving patient experience and continuity of care. Patients can manage side effects or complications with their GP/pharmacist more easily, reducing hospital visits. Meanwhile, on-site prevention services (smoking cessation, etc.) help lower future cancer risks in the community.
Digital & AI-Powered Diagnostics – Expanded use of AI tools (e.g. for interpreting scans) and enhanced NHS App features for screening and results.	Speeds up diagnosis and ensures patients don't miss important tests. For instance, AI can flag suspicious lesions on X-rays within seconds, helping clinicians catch cancers like lung cancer earlier. The NHS App will send screening invitations and provide results, making it easier for patients to engage with programmes. Overall, technology will increase diagnostic capacity and efficiency, leading to quicker cancer diagnoses.
Faster Treatment and Innovation Adoption – Cutting waits by using private sector capacity and new surgical hubs, plus adopting innovations (e.g. robotic surgery, advanced therapies) and a single national formulary for cancer drugs.	Shorter waits ensure patients start cancer treatment sooner, which can improve survival and reduce anxiety. Modern surgical and radiotherapy techniques mean treatments are more effective and precise. A single formulary guarantees equal access to the latest cancer medicines across England, ending regional variation. Collectively, these efforts should raise treatment success rates and help the NHS catch up with international benchmarks in cancer care.
Strengthening Cancer Alliances – Empowering Cancer Alliances to coordinate care improvements with Integrated Care Boards, and intervening in under-performing areas.	Ensures a coordinated regional approach to cancer care: all local providers work together on prevention, early diagnosis, and treatment pathways. Alliances help spread best practices and maintain standards. If an area's outcomes are poor, alliance-led actions (with support from national teams if needed) will tackle the

	problems. This means more consistent cancer care quality and reduced inequalities between different parts of the country.
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Each of these initiatives from the 10-Year Plan contributes to a comprehensive strategy: preventing more cancers, finding cancers sooner, delivering treatments faster and closer to home, and leveraging the collaboration of Cancer Alliances to tie it all together.

By 2035, the NHS aims to have a patient-centric, prevention-oriented cancer service with significantly improved outcomes – measured in lives saved and quality of life improved.

The concerted efforts in prevention, early diagnosis, cutting-edge treatment, and system reform are designed to ensure that England's cancer survival rates markedly improve and that the gap with other leading countries is closed. Cancer Alliances will continue to be at the heart of this transformation, turning the plan's vision into reality for patients in every region.

With sustained focus and investment as laid out in the plan, the NHS believes it can deliver world-class cancer care for everyone over the next decade and beyond.