

National Cancer Plan for England 2026-2035



Cancer directly **affects 1 in 2 people** and is **England's biggest killer**. Despite multiple strategies, the NHS continues to underperform internationally on cancer outcomes. This Plan sets out a **10-year ambition** to establish England as a global leader, **saving 320,000 lives by 2035**, through a **new model of cancer care** centred on prevention, community-first delivery, data and AI, and stronger performance accountability.

A 10-year ambition to transform cancer outcomes

Now

- ~60% five-year survival;
- 62-day standard missed since 2015 (target: 85% within 62d, currently 63%)
- Bottom 2 quartiles for 14 rare cancers
- 2x mortality in most deprived areas

March 2029

- All waiting time standards met
- 9.5m+ diagnostic tests per year across all modalities (+12.8%)

End of 2035

- 75% five-year survival
- Top quartile globally inc. 14 rare cancers
- Stage 1 & 2 early diagnosis rates up 20 percentage points vs 2019

A new model of cancer care

Community-first care

Outpatient transformation: Most care outside hospitals by 2035; straight-to-test for top 10 specialties; PIFU for all appropriate cancer types

Community diagnostics: £2.3bn investment into CDCs (2026-29); extended hours; on-site consultation rooms; +9.5m tests p.a. by 2029

Neighbourhood: Named lead for every patient; supportive oncology; digital-first prehabilitation from 2028

Prevention and early detection

Prevention: Tobacco and Vapes Bill; GLP-1 acceleration; mandatory healthy food sales targets; HPV catch-up; alcohol health warnings

Screening: Bowel FIT sensitivity increased by 2028; lung screening national by 2030, +6m invited by 2035; HPV self-testing by 2029

Risk stratification: Personalised risk profiles via NHS App by 2035; inherited cancer registries

Data, digital and AI

NHS App: as primary cancer access point by 2028: bookings, screening, care plans, risk profiles, digital PROMs

AI-assisted diagnostics: Chest X-ray AI in all trusts; AI pathology and radiotherapy planning; decision support in primary care

Federated Data Platform with Cancer 360 streamlining pathways in all acute providers by 2026/27; **Single Patient Record** from 2028

Patient-first care

Performance improvement

Support for trusts missing waiting time standards: £200m ring-fenced Cancer Alliance funding; secondments, peer mentoring, service takeover if needed

Earned autonomy: Advanced Foundation Trust freedoms for high performers; IHOs with population budgets incentivising prevention

Transparency: Trust-level league tables; annual Parliamentary reporting

Research and innovation as transformation engine

Six research priorities (2026-29) in partnership with industry:

- **Multi-cancer detection** via blood, breath, saliva and urine tests
- **Genomic testing** to tailor therapy to patients' cancer genetics
- **Gentler children and young people (CYP) cancer treatments**
- **Prevention breakthroughs** in weight-loss and vaccines
- **New diagnostics** for least survivable **rare cancers**
- **Long-term support** for 2.4m+ living with cancer

Making the **NHS the first-choice partner for cancer clinical trials** and accelerating adoption of proven innovation into routine practice

Priority areas

CYP

Earlier diagnosis and lifelong support tailored to needs of younger patients; £10m p.a. for travel costs



Rare cancers

Parity of focus in data, research (£13.7m+ for brain tumours), treatment access and accountability to end decades of poor survival.

Key priorities for NHS leaders:

- ① **Workforce:** 2029 milestones require role redesign and skills development; full workforce model in 10 Year Workforce Plan
- ② **Data maturity:** Earned autonomy frameworks will reward systems that can demonstrate strong performance – outcomes data readiness is a priority
- ③ **Governance:** League tables and parliamentary reporting require named cancer leads at every trust and ICB