



Department of Health & Social Care

*From the Rt Hon Wes Streeting MP
Secretary of State for Health and Social Care*

*39 Victoria Street
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Dear Layla,

Thank you for the Committee's letter outlining the key findings from the Future Cancer Inquiry, shared ahead of the dissolution of Parliament earlier this year.

I am grateful for the work of the Health and Social Care Committee in carrying out this inquiry into the future of cancer services, and for your candour in detailing the barriers faced by the NHS as it seeks to provide excellent care for people with cancer. Alongside the incredible work of the wider health system, including the charity sector, researchers, academics, patients with lived experience, and others, the UK can be a genuine world-leader in cancer care, research and innovation. I agree with your assessment that the UK should look to the future to realise its potential in cancer care.

We have inherited a broken NHS. Too many cancer patients are waiting too long for treatment, and we are determined to change that. On entering office, the government commissioned Lord Darzi to conduct an investigation into the state of the NHS to determine our long-term approach. Lord Darzi's investigation has set out the scale of the challenges we face in fixing the NHS and the need to improve cancer waiting time performance and cancer survival. In particular, he has highlighted the need to improve the number of patients starting their treatment within 62 days of referral and to increase the number of patients diagnosed at an earlier stage.

As part of the government's health mission, we are determined to reduce lives lost to the biggest killers, including cancer, and we have already taken steps to respond to the challenges identified by Lord Darzi. He identified waits for radiotherapy as a major barrier to effective treatment and we have announced £70m to replace out-of-date radiotherapy equipment so that cancer patients benefit from the most up-to-date technology and more efficient radiotherapy machines can deliver more treatment.

Lord Darzi's investigation is informing the development of the 10 Year Health Plan, which will set out how we reform the NHS and deliver the three key shifts of sickness to prevention, hospital to community, and analogue to digital.

However, we know that improving cancer outcomes requires more targeted actions. That's why we will be publishing a National Cancer Plan, as recommended by the Committee. The Department is currently working on what form this plan will take and how it is aligned with the conclusions of the 10 Year Health Plan. I look forward to updating the Committee on the progress of the National Cancer Plan in due course.

In the interim, NHS England are continuing their current approach to cancer care delivery, led by the commitment to meet the key ambitions set out in the NHS Long-Term Plan, published in January 2019. In line with Long Term Plan, the NHS Cancer Programme has three priorities; improving earlier diagnosis, improving treatment and personalised care, and improving performance.



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Funding announced in the Autumn Budget will support the delivery of an additional 40,000 operations, scans, and appointments per week, as a first step in our commitment to ensuring patients can expect to be treated within 18 weeks, a key milestone in this government's Plan for Change. Further details regarding the additional appointments will be confirmed in due course.

We will support NHS performance across secondary and emergency care with around £1.5 billion capital funding in 2025-26 for new surgical hubs and diagnostic scanners to build capacity for over 30,000 additional procedures and over 1.25 million diagnostic tests as they come online; new beds across the estate to create more treatment space in emergency departments. The Department will set out details on the allocation of funding for surgical hubs, scanners and additional beds and equipment in due course, including how many surgical hubs will be established.

The NHS has delivered some important successes that deserve to be celebrated. Thanks to the hard work of NHS staff, we are regularly meeting the Faster Diagnosis Standard, so that more than 75% of patients get an all-clear or cancer diagnosis in 28 days. The Targeted Lung Health Check programme has helped to improve early diagnosis rates, which is a key priority for NHS England.

We are also taking steps address the preventative causes of cancers. On the 5th November, the Government introduced the landmark Tobacco and Vapes Bill into Parliament and on 26 November at Second Reading, the House voted overwhelmingly in its favour. The Bill is a key pillar of the Government's Health Mission and the government's shift from treatment to prevention. The Bill will create the first smoke-free generation, gradually ending the sale of tobacco products across the country and breaking the cycle of addiction and disadvantage. It will extend the existing ban on smoking in public places to reduce the harms of passive smoking in certain outdoor settings, particularly for children and vulnerable people. To take action on youth vaping, the Bill will also ban the advertising of vapes and provide powers to restrict vape flavours, packaging and shop displays.

DHSC spends £1.5 billion each year on government funded research through its funding of the National Institute for Health and Care Research (NIHR), with cancer a major area of spend at over £121.8 million in 2022/23. These investments have helped the health and care system to prevent, detect and better treat and manage a wider range of cancers contributing to improvements in cancer detection and survival rates. We need to continue to invest and accelerate progress, working with our life sciences partners across academia, charities and industry, so that we can translate discoveries into treatments for patients.

To realise the potential of the health system, it is crucial that the NHS is able to quickly adopt and implement innovative diagnostic methods and treatments, so that patients can benefit from them. The Life Sciences Plan, developed by Labour when in opposition, also acknowledged the need to improve the adoption and spread of innovation. This Government will develop an Innovation and Adoption Strategy, which will detail how it intends to boost innovation in the life sciences sector, and deliver a triple win for patients, the NHS and industry.



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You raise concerns in your letter that the NHS is still not doing enough to ensure that patients are able to access these innovations in a timely manner and I agree. The Medicines and Healthcare products Regulatory Agency (MHRA) has participated in Project Orbis since 2021, resulting in 21 cancer drug approvals via this route. There are several pathways to authorisation, which give patients access to medicines that do not yet have a marketing authorisation. There is more information about this and your other regulation concerns in the annex below. But I am clear that there is still much more to do.

DHSC, through the NIHR, fosters opportunities for UK researchers to collaborate internationally on cancer research. Funding international research partnerships and networks fuels innovation, enables exchange of knowledge and expertise to address some of the most complex health and care challenges. In addition, funding international research studies can enable mutual access to a critical mass of patients to deliver key clinical studies, which is particularly important in areas where affected populations are small, such as with rare cancers.

As I have outlined, this mission-led government is working hard alongside NHS England, the Office for Life Sciences, MHRA, NICE, cancer charities and many other passionate partners, to encourage and drive improvement and innovation for the future of cancer care. It is my hope and belief that through this work we can build an NHS fit for the future, maintain the UK's world-leading reputation in cancer research, and improve cancer care outcomes.

I would like to thank you again for your work on this inquiry, for bringing these concerns to my attention, and for your carefully considered recommendations.

Yours sincerely,

RT HON WES STREETING MP



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Annex

Research

DHSC spends £1.5 billion each year on government funded research through its funding of the National Institute for Health and Care Research (NIHR), with cancer a major area of spend at over £121.8 million in 2022/23. Through this funding, since February 2024, cancer patients in the UK have started receiving a new experimental therapy to help their bodies recognise and fight cancer cells, via a clinical trial. Researchers are aiming to evaluate the safety and potential of the mRNA therapy - a type of immunotherapy treatment called mRNA-4359 - for treating melanoma, lung cancer and other 'solid tumour' cancers. The first doses of the treatment were given at the NIHR Imperial Clinical Research Facility (CRF) at Hammersmith Hospital. The international Mobilize trial is run in partnership between Imperial College London and Imperial College Healthcare NHS Trust. It is sponsored by pharmaceutical company Moderna, supported by DHSC funding through the NIHR. It is set to recruit patients globally over the next three years.

The UK is a global leader in vaccine clinical trial delivery including innovative trials for cancer. The UK Vaccine Innovation Pathway funded by the DHSC through the NIHR is the UK's first clinical trial delivery accelerator. The Accelerator was originally referred to as a Clinical Trial Activity Network (CTAN) in Lord O'Shaughnessy's independent review into commercial clinical trials in the UK, and the Government response to the review. Through this initiative, we aim to build on past achievements and introduce new strategies for the rapid and efficient delivery of vaccine clinical trials. The goal is to position the UK as the preferred destination for trials spanning:

- traditional vaccines
- mRNA vaccines
- personalised neoantigen cancer therapies

Inclusive Vaccine Clinical Trial Participation is important to ensure that government funded research is relevant to all the diverse populations of the UK. Diversity and inclusion improve the science and the applicability of the research. Therefore, the Government, through its NIHR funding, is doubling down on efforts to engage with the UK population. We want to engage healthy volunteers and patients to take part in vaccine clinical trials and other studies. This will help boost inclusivity and encourage individuals who may not have taken part in clinical trials. These efforts will facilitate connections between researchers and potential study participants leading to faster sign-up and consent. To achieve this, we are launching and expanding the Be Part of Research national registry using regional and disease/condition specific consent-to-contact registries, and where relevant reaching out through primary care.

Furthermore, the Health Research Authority (HRA) has engaged with a range of UK-wide organisations and individuals to understand current arrangements for identifying and contacting potential participants, and the barriers and enablers to a people-centred model. The HRA will continue to explore these areas as a priority and will publish recommendations and next steps for implementation in due course.



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In addition, the NHS has established the Cancer Vaccine Launch Pad (CVLP) to accelerate research and widen patient access to personalised mRNA cancer vaccine clinical trials. The CVLP's first commercial partner is BioNTech and the platform is helping to recruit patients into their bowel cancer personalised vaccine trial from over 40 sites. The CVLP has been designed to be company agnostic, and the ambition is to extend to other cancer vaccine trials and other companies.

Innovation

The NHS Cancer Programme is leading efforts to accelerate the identification and uptake of new innovations across cancer diagnostics and treatment.

The NHS Cancer Programme has funded the NHS Innovation Open Call to fast-track high quality, developed innovations into frontline settings. So far, £24.5 million has been awarded for innovations across 14 projects identified via two open call rounds, with a third having closed recently. Examples of innovations driven include: Endoscope-i - a smartphone adapter that can turn a normal iPhone into diagnostic equipment for head and neck cancers; BRCA-DIRECT – an alternative pathway that streamlines genetic breast cancer testing through swapping blood sampling for at-home saliva sampling; and Whole Body MRI – a whole-body MRI scan for inherited cancer diagnosis, used to help as a screening tool for adults with Li Fraumeni Syndrome.

Regulation and Commercialisation

The Medicines and Healthcare products Regulatory Agency (MHRA) has participated in Project Orbis since 2021, resulting in 21 cancer drug approvals via this route. The Project Orbis programme provides a framework for concurrent submission and review of oncology products among international partners. It aims to deliver faster patient access to innovative cancer treatments with potential benefits over existing therapies.

There are several pathways to authorisation including the Early Access to Medicines Scheme which aims to give patients with life threatening or seriously debilitating conditions, including cancer, access to medicines that do not yet have a marketing authorisation when there is a clear unmet medical need. This is an expedited pathway leading to an MHRA Scientific Opinion in less than 90 days. Further to this, the International Recognition Procedure is also a route to early access, for oncology products that are already approved by a trusted reference regulator. The MHRA aims to approve with 110 days of receiving an application. High-quality marketing authorisation applications including new cancer drugs are eligible for the 150-day national pathway, aiming at accelerating the availability of medicines for patients in the UK. Finally on this point, the MHRA has developed a process to share operational information for new drugs including cancer drugs with health system partners across the UK to support timely patient access to medicines.

Regarding your point about the alignment of both the MHRA licensing processes and the National Institute for Health and Care Excellence (NICE)'s appraisal process, NICE makes recommendations for the NHS on all new licensed cancer medicines and aims to publish guidance as close as possible to licensing. The NHS is legally required to fund medicines recommended by NICE, normally within three months of the publication of final guidance. NICE recommended cancer medicines are eligible for funding through the Cancer Drugs



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Fund (CDF) from the point of positive draft guidance, reducing the time before they are available to NHS patients by up to 5 months. Additionally, where there is too much uncertainty for NICE to be able to recommend routine funding for new cancer drugs, NICE is able to recommend them for use through the Cancer Drugs Fund (CDF), supporting patient access for NHS patients in England to effective cancer drugs that would not otherwise be available to them. Further evidence is then collected on the drug through the CDF for a defined period of time, that is considered by NICE in determining whether the drug can be recommended for routine NHS funding.

International Leadership and collaboration

NIHR is partnering with the US National Institutes of Health-National Cancer Institute (NIH-NCI) and the Medical Research Council (MRC) on the Cancer Research Transatlantic Development and Skills Enhancement (DSE) Award, which funds 6-12 month postings for UK researchers in two world-leading NCI intramural centres. Two rounds of the award have been launched so far (2023 and 2024).

Equally, in the Office for Life Sciences Cancer Health Goals programme, backed by £22.5million of funding, aims to make the UK a leading testbed for innovation in cancer diagnosis and treatment by accelerating the development and commercialisation of a new generation of cancer diagnostic technologies and personalised therapeutics targeted to a patient's specific cancer, including cancer vaccines. The programme supports the development of diagnostic innovations that enable earlier, more effective cancer diagnosis. Harnessing these innovations will improve outcomes for cancer patients and this will support progress in increasing early diagnosis.

In cancer immunotherapy, the OLS Cancer Healthcare Goals programme and the Medical Research Council have co-funded and awarded a £9 million grant to the MANIFEST immunotherapy platform. The MANIFEST consortium is led by the Francis Crick Institute, and is composed of academia, the NHS and industry partners. MANIFEST brings together the UK's cutting-edge experience in cancer immunology and cancer immunotherapy into a single, UK-wide platform with the aim of making the UK a leader in this area. It aims to expand and advance UK immunotherapy R&D capabilities and support better targeting and improved efficacy of these expensive treatments.