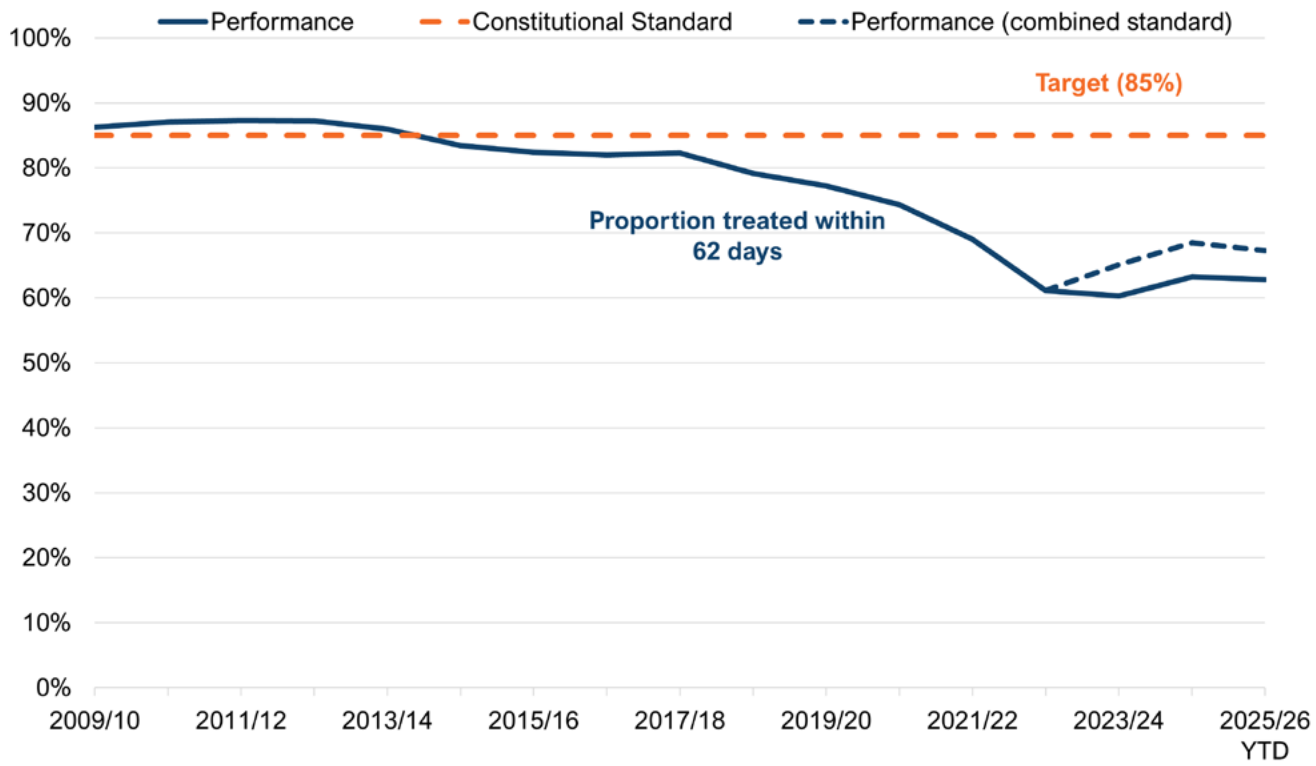
2. Driving up NHS cancer performance

The cancer waiting time standards represent an important pact between the NHS and the public. Each of us wants the reassurance of knowing if we have a concerning symptom – or receive a life changing cancer diagnosis – that the care that follows will begin quickly, be high quality and be personalised to our individual needs and preferences.

Despite this, since 2014, the NHS has consistently missed its central cancer performance target: that 85% of people should start treatment within 62 days of an urgent referral. Indeed, it has not met this target at a national level since late 2015.[7] By contrast, in Denmark, almost all patients currently begin treatment within legally mandated timeframes.[8]

7 NHS England. 'Cancer Waiting Times' england.nhs.uk (viewed 12 January 2026)
8 Organisation for Economic Co-operation and Development (OECD). 'Country Cancer Profile: Denmark 2025' oecd.org (viewed 12 January 2026)

Figure 1. Proportion of patients treated within 62 days of an urgent suspected cancer referral



Source: Cancer Waiting Times Data Collection, NHS England

We will break with the past to meet all cancer waiting time standards by 2029

In the last 24 months, we have made some progress on cancer waiting times – but standards are still not as good as patients expect or deserve.[9] As such, through this National Cancer Plan, we will go further and deliver the transformation needed to meet all 3 cancer waiting time standards by the end of this Parliament. That means by March 2029:

- 80% of patients getting a diagnosis or all-clear within 28 days of an urgent suspected cancer referral (Faster Diagnosis Standard (FDS))[10]
- 85% of patients starting treatment within 62 days of referral
- 96% of patients starting treatment within 31 days of a decision to treat

Once we have met the existing cancer waiting time standards, we will review them to determine whether they should be strengthened.

This pace of improvement – combined with the fact that cancer incidence is much higher today than when these targets were last met (up 15% since 2015)[11] – makes this goal far more ambitious than simply 'restoring' previous standards. We will not achieve it by doing the same things we have done for the last 15 years and hoping for different results.

While, undoubtedly, some recent developments like the creation of Community Diagnostic Centres (CDCs) have been positive, we must do more to break with 'business as usual'. In that effort, the 10 Year Health Plan's 3 shifts, and its new operating model, will define our approach: more community activity, large scale digital transformation, more secondary prevention

9 For example, in March 2025, the NHS met its target that 77% of people should receive a diagnosis or ruling out of cancer within 28 days and its interim target of 70% for the 62-day standard.
10 80% is above the standard for the FDS but is in the planning guidance for 25/26.
11 NHS England. 'Cancer Registration Statistics, England 2023' digital.nhs.uk (viewed on 7 January 2026)

and less languid tolerance of persistent poor performance. More specifically, we will:

- drive up productivity, capacity and convenience in the community diagnostic estate

We will expand CDCs further – giving more people and communities access to diagnostics closer to home. But we will also challenge the notion that simply opening these centres is 'job done'. Some centres are not sufficiently productive, undermining value and missing opportunities to get people the earliest possible diagnosis. Nor are they sufficiently convenient – we can and will do more to avoid patients needing multiple appointments, and to make appointments available in evenings and at weekends.

- harness treatment innovation and technology to speed up treatment decisions and boost capacity

Science is not only changing the cancer treatments we have available – but is also transforming our means to make fast treatment decisions, and to maximise treatment capacity. We will harness these advances to get more patients the best treatment for them, as quickly as possible.

- revolutionise outpatients, transforming how and where cancer patients receive care

The 10 Year Health Plan outlined that we will end outpatient care as we know it. By 2035, most outpatient care will happen outside of hospitals. This will transform many patients' experience of cancer care.

- raise standards in the most challenged trusts

The 10 Year Health Plan's operating model rejects an approach where every provider is treated the same. Good performance will be rewarded with autonomy. The flipside is that persistent poor performance will no longer be passively tolerated – and will instead be met with urgent intervention to deliver improved performance. The changes we are making to oversight and commissioning will be used to act on persistent poor performance, including in cancer.

We will drive up the access, convenience and productivity of CDCs and testing

Patient Voice

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

Patient and Public Voice Forum member

Government has invested £1.65 billion in CDCs since 2021. We now have a total of 170 CDCs up and running, housing a vast range of diagnostic equipment and services – often on and around high streets.[12]

However, there are still significant opportunities to go further. Beyond the need for further expansion, we need to do more to make the best use of the CDC capacity we already have – meaning wasted opportunities to speed up access to diagnostic tests, and to maximise value for taxpayer money.

The NHS will provide an additional 9.5 million diagnostic tests (an increase of 12.8%) per year by March 2029, supported by the commitments on community, diagnostics, and productivity in this plan.[13]

Action 1. We will expand the community diagnostic estate – while also prioritising productivity, value and convenient access.

Over the next 3 years, we will invest £2.3 billion in diagnostics transformation. This will include building many more new CDCs, bringing convenient community diagnostics to more people – and advancing the neighbourhood health service.

12 NHS England. Community Diagnostic Centres, england.nhs.uk (viewed on 07 January 2026)
13 NHS England (2026). Unpublished diagnostic demand and capacity modelling.

It will also provide the investment needed to get more out of the CDC estate. We will expand capacity at more than 30 existing CDCs, and ensure every CDC offers expanded opening hours of at least 12 hours a day, 7 days a week where possible to do so.

We will further boost productivity by:

- Supporting each CDC to deliver optimal scans per hour (e.g. 3-4 for CT scanners). Systems with low utilisation rates will join a learning collaborative and be supported with expert advice, including hands-on support for the most challenged trusts.
- Digitising imaging services by deploying MRI scanners with AI acceleration technology, which will add capacity for 154,000 additional scans to March 2029, and reducing repeat tests through image sharing.
- Removing low value tests through the deployment of decision support software and a clinically led campaign to reduce low value referrals.

From this year onwards, we will set a new expectation that commissioners maximise the number of onsite consultation rooms at CDCs. For some cancer tests, such as endoscopy, patients need to be assessed beforehand to check they are fit to undergo the test. Providing consultation rooms allows this to be done straight before the test, instead of requiring a separate outpatient appointment. These rooms also offer the opportunity for patients to have appointments before and after their test – to discuss results and next steps. Increasingly that means CDCs will become more of a 'one stop shop' for diagnostic needs – and we will coordinate the services that CDCs and neighbourhood health centres provide, as we expand both.

Action 2. We will enable our expansion of diagnostic capacity with new histopathology capacity.

While not usually located in the community itself, further expansion of community diagnostic testing capacity depends on histopathology capacity for reporting. The national standard is that 98% of histopathology tests should be reported within 10 days, but due to unprecedented growth in demand for histopathology services in recent years, the current average performance for cancer pathway histopathology tests is 68% within 10 days.[14]

To transform histopathology services and achieve the 98% standard by March 2029, we will:

- Deliver £604m capital investment in digital diagnostics, including digital pathology, plus £96m to automate histopathology to speed up the processing and reporting of tissue samples.
- Increase productivity by transitioning to digital and robotic automation-enabled histopathology pathways, with AI further enhancing capability. We estimate our investment in digital combined with this automation will deliver up to a 21% productivity gain.
- Optimise demand to ensure the tests that add the most value to patient care are prioritised and delivered quickest, and deliver workforce measures, including an expansion of advanced clinical practice for scientists.[15]

Delivering these improvements will also allow us to meet the 10 Year Health Plan commitment to provide comprehensive molecular profiling of all cancers to inform risk stratification and support use of precision and targeted medicines earlier in the patient pathway.

14 NHS England. Histopathology Dashboard, Power BI (viewed on 07 January 2026)
15 Department of Health and Social Care. 'National Cancer Plan: technical annex' gov.uk (viewed on 29 January 2026)

Action 3. We will harness AI to speed up lung cancer diagnosis.

The AI diagnostic fund has already enabled almost half of trusts to adopt AI-supported tools to speed up lung cancer diagnosis. We will extend this to all trusts during this Parliament (using the capital funding for digital diagnostics announced at the 2025 Spending Review).[16] In turn, this will enable an expansion of self-referral to chest X-ray – enabling more patients to be seen quicker, while also simultaneously giving them more control over their care.

Action 4. We will harness digital, home and community innovations to make better use of diagnostic capacity.

The 10 Year Health Plan outlined a new preventative principle that care should be digital by default, at home where possible, in the neighbourhood where needed and, in a hospital only when necessary. There are many cancer diagnostic innovations that can help support this principle in practice and prioritise capacity for the people who need it the most. The use of FIT (Faecal Immunochemical Test) kits for patients who see their GP with bowel symptoms has already reduced inappropriate referrals by 22% against the projected trend for 2024 to 2025, and helped to improve Faster Diagnosis Standard performance within lower gastrointestinal (GI) pathways by 15 percentage points between 2022 and 2025. Teledermatology is now used for half of all urgent skin cancer referrals.[17] We will build on these successes by rolling out breast pain and post-menopausal bleeding clinics nationally by the end of 2026. We will evaluate new options for kidney, bladder, and oesophageal cancer in 2026 to 2027, and trial new technologies such as the COLOFIT algorithm for bowel cancer.

Case study: Breast Pain Pathway – East Midlands Cancer Alliance

Prior to the implementation of the East Midlands Breast Pain Pathway (EMBPP), thousands of patients were referred unnecessarily to urgent cancer clinics, creating anxiety for patients and unnecessary demand on radiology and our urgent suspected cancer referral services.

The new pathway has addressed this by enabling community-based triage, consistent reassurance, and clear signposting – without compromising patient safety.

Early evaluation has shown that over 88% of patients are discharged after a single appointment, with minimal onward referral and high levels of patient satisfaction. Overall, across all pilots in the first year the cost benefits analysis suggests that for every pound spent, the health system received £1.23 back in benefits. Patient feedback from all services has been unanimously positive and no safety concerns have been raised.

Action 5. We will scale the use of single patient tracking lists across local providers.

Greater Manchester has pioneered a 'single-queue diagnostics' (SQD). The approach uses technology to identify the earliest appointment times across multiple providers, and to offer real-time booking into diagnostic tests. Building on this success, and to bring the best of the NHS to the rest of the NHS, we will begin to scale SQDs in 2026. We will develop functionality in the Federated Data Platform (FDP)[18] to provide the digital underpinning – including booking and

16 HM Treasury. 'Spending Review 2025: An NHS Fit for the Future, Opportunity for All and Safer Streets' gov.uk (viewed on 13 January 2026)
17 NHS England (2025). Unpublished Teledermatology management information.
18 NHS England. 'Federated Data Platform' england.nhs.uk (viewed on 12 January 2026)

scheduling systems – to roll them out more widely.

Case study: Diagnostics single queue – Greater Manchester Cancer Alliance

The Greater Manchester Cancer Alliance has developed a single-queue diagnostics (SQD) system across 14 hospitals to optimise cancer diagnostic pathways and address inequity, variation and inefficient use of capacity. Initially covering 5 specialist pathways, the SQD uses the Infoflex platform to enable the real-time booking of diagnostic tests across providers. The system finds the earliest available appointment and can coordinate multiple procedures, streamlining patient journeys.

The approach has had a considerable impact:

- Over 17,000 patient pathway days saved
- Equitable access across all 14 hospitals
- Maintained high demand (85–100th percentile) using 13–25% less capacity
- Excellent feedback from patients
- Strong endorsement from clinicians "In 25 years of practice I have never come across an initiative as helpful as SQD … it has streamlined things no end".

Implementation took 3 years, required dedicated clinical leadership and new collaboration between trusts. The SQD demonstrates how shared booking and digital integration can transform diagnostic pathways, improve equity, and enhance patient experience.

We will harness new technology to speed up access to treatment

In the next decade, the ways in which treatment decisions are made will be transformed – technology will make them faster, more accurate and more personalised. State of the art radiotherapy machines will be able to deliver more treatment, more effectively – meaning better outcomes and shorter waits. AI will be the assistant in the pockets of the oncology workforce – supporting better treatment planning and cutting down admin to create more 'time to care'. Through this plan, we will scale, diffuse and prepare for this innovation, so patients can get from diagnosis to treatment as quickly as possible – and so, at the same time, ensure that each individual gets the treatment that is right for them as an individual.

Action 6. We are investing in state-of-the-art radiotherapy machines – and expect local systems to to do the same.

Due to the kind of long-term underinvestment in capital identified by the Darzi Investigation, NHS hospitals have too often been forced to use outdated, obsolete or broken-down equipment.[19] This is not only bad for patient outcomes, but also undermines productivity – both in terms of lower treatment capacity, but also because weaker and less well targeted doses of radiation from older machines can mean more visits to hospital.

This government has invested £70 million to deliver 28 new radiotherapy machines.[20] These will replace outdated machines and will deliver 15% more treatments – allowing 27,500 more patients to receive treatment annually. Through the Spending Review, providers have been allocated £15 billion in operational capital for local priorities and £5 billion to support a return to constitutional standards. From April 2026, we will expect systems to use this capital to deliver further investment in state-of-the-art radiotherapy machines. The new capital freedoms associated with Advanced Foundation Trust

19 Darzi A. 'Independent investigation of the NHS in England' gov.uk, pages 54 to 62 (viewed on 6 January 2026).
20 Department of Health and Social Care. 'Faster cancer treatment thanks to new radiotherapy machines' gov.uk (viewed on 7 January 2026)

status will increase scope for this kind of investment even further, over the course of this plan.

Action 7. The 10 Year Health Plan's '5 big bets' – including data, AI and robotics – will improve treatment capacity, help staff achieve more and free up 'time to care' across the cancer workforce.

The 10 Year Health Plan prioritised '5 big bets' – data, robotics, AI, wearable technology and genomics. We chose these priorities on their potential to accelerate healthcare reform, but also to secure the financial sustainability of the NHS. These areas are at the heart of our plan to improve cancer performance.

- We will increase the use of robotic surgery. Priorities will include head and neck and gynaecological cancers. To facilitate this, we will publish a new specification for a national registry for robotically assisted surgery by March 2026. New national training standards will support cancer surgeons to become regular and expert users of surgical robots. Evidence shows that robotic surgery can reduce complications and also reduce the time patients spend in hospitals, freeing up beds and increasing overall treatment capacity. By 2035, half a million procedures will use robotic surgery, up from just 70,000 in 2023-4.[21]
- AI will help oncologists plan radiotherapy more quickly and accurately. Improved contouring will mean better outcomes and reduced risk of healthy tissue damage, meaning fewer complications for patients and less need for follow up treatment. The Getting It Right First Time (GIRFT) programme is leading a study, reporting later this year, on how to maximise the productivity of radiotherapy services. We will begin to implement its recommendations as soon as it is published.
- AI tools will also create time to care across the oncology workforce. Innovations such as Ambient Voice Technology – as well as proactive scheduling, booking and workflow optimisation tools – will reduce staff time lost to admin, and also improve cancer patient experience by allowing clinicians to focus their time on the person in front of them. Automated logistics, including scanning systems and radio frequency identification, will accelerate laboratory systems.
- From 2028, Single Patient Record data in the NHS App will help consolidate imaging, pathology, genomics, and care plans – supporting better, more real-time multi-disciplinary team decision making, including faster treatment decisions.
- New breakthroughs in exploiting 'circulating tumour DNA' (ctDNA) shed by tumours are helping to speed up treatment decisions. The use of 'liquid biopsy' tests mean clinicians can identify the best treatment for a patient based on a simple blood test, where previously they would have needed an invasive biopsy or tissue analysis, which isn't always possible due to the location of the tumour and/or the condition of the patient. Evidence shows:
  - Lung cancer ctDNA results are available 7-14 days earlier than tissue genotyping, meaning patients can start on targeted therapies earlier
  - For colorectal and breast cancer, ctDNA can pick up relapse months earlier – accelerating clinical decisions on the need for chemotherapy.[22]
- These tests are being used in the NHS to more effectively plan treatment for people with non-small cell lung cancer and breast cancer. Over the next 5 years, the NHS Genomic Medicine Service will extend ctDNA and other biomarking testing to other cancers (subject to efficacy and value for money).

21 NHS England. 'Millions to benefit from NHS robot drive' england.nhs.uk (viewed 12 January 2026)
22 Holjak E and others. 'Circulating tumor DNA as part of the routine work-up for patients with suspected advanced lung cancer' Journal of Liquid Biopsy 2025: volume 10 (viewed 15 January 2026); Naidoo N and others. 'ctDNA and Adjuvant Therapy for Colorectal Cancer: Time to Re-Invent Our Treatment Paradigm' Cancers 2021: volume 19 (viewed 15 January 2026)

Action 8. We are investing in 4 new, modern aseptic medicines production hubs.

The preparation of complex systemic anti-cancer therapies (SACT), including chemotherapy and immunotherapy, depends on specialist staff working in sterile, controlled environments. As such, we are investing £80 million in 4 new NHS aseptic medicine production hubs. These will be operational by 2027 and will use advances in digital and automation technology to produce higher volumes of cancer drugs. This will safeguard our ability to provide cancer patients access to the best possible treatment, quickly.

Action 9. We will launch a new review to improve the effectiveness of multi-disciplinary team working.

There is strong evidence that multi-disciplinary team working boosts the quality and effectiveness of treatment for patients. When done well, bringing together a range of specialist knowledge and professional experience ensures the most appropriate and timely treatment for patients and reduces the risk of duplicated efforts – particularly in complex cases. However, we have heard some reports of MDT meetings becoming unwieldy and rigid. As such, we have asked the Royal College of Radiologists (RCR) to formally review opportunities to modernise MDT working, with input from other Royal Colleges. Their review will focus on tangible actions trusts can take to increase efficiency, streamline decision-making, and help patients get treatment faster. The RCR will report in the summer of 2026, and we will issue new guidance in spring 2027.

We will transform cancer outpatient care

The 10 Year Health Plan committed to revolutionise outpatient care in England.

> "By 2035, most outpatient care will happen outside of hospitals. Digital tools will help people manage their care from the convenience of their home, with support from clinicians when needed. Personalised support, informed by advances in individual data, will help people get ready for planned treatment and receive effective rehabilitation in the community afterwards."

This will transform cancer care. It will mean more cancer care being managed through use of digital tools and far more patients being seen in CDCs and neighbourhood settings that are closer to home – rather than in hospitals. This National Cancer Plan will contribute fully to the NHS' wider priority of ending outpatients as we know it by 2035.

Action 10. We will cut down unnecessary appointments through straight-to-test pathways and patient-initiated follow-up.

Straight to test (STT) means pathways where patients go directly to the most appropriate diagnostic test before seeing a specialist – cutting out an outpatient clinic. Across all electives, shifting an additional 4% of pathways to a straight-to-test approach would remove as many as 800,000 unnecessary outpatient appointments. There is also excellent evidence that straight-to-test pathways speed up diagnosis in cancer specifically – including in colorectal cancer (straight to colonoscopy), upper GI cancer (straight to endoscopy) and urological cancers (straight to CT urogram).

As part of the Medium Term Planning Framework, all ICBs have a target to deliver straight-to-test pathways for the 10 highest volume specialties and must develop plans to achieve this. ICBs will be supported with guidance from the centre and, where needed and where it provides value for the taxpayer, capital and revenue funding to drive projects forward.

Patient initiated follow up (PIFU, also known as personalised stratified follow-up or PSFU), which gives patients more control over their care and helps to reduce unnecessary outpatient appointments, has proven to be effective for many different cancer pathways

where the risk of cancer recurrence is low.[23] We will extend PIFU to all appropriate cancer pathways and, as the evidence base evolves, increasingly use digital tools to monitor patients for potentially concerning symptoms.

Action 11. Cancer will be a priority for NHS Online, bringing the best of the NHS to the rest of the NHS.

NHS Online will go live in 2027. Virtual cancer care will be a priority, beginning with virtual hospital pathways for men with raised PSA levels at risk of prostate cancer and support for individuals on prostate cancer active monitoring pathways to order and complete PSA blood tests at home. These kinds of services are available in some local areas, thanks to the work of innovative trusts – but not everywhere. In this way, NHS Online will be a tool to bring the best of the NHS to the whole NHS, universalising best practice.

We will prioritise performance improvement in the most challenged trusts

A central tenet of the 10 Year Health Plan's new operating model is a shift from an approach "where providers are treated the same today, whether they deliver good or bad services" – to one where good providers are given more autonomy and power, and where "poor performers [are brought] up to standard".

Bringing poor performers up to standard has the potential to make a particularly significant difference in cancer. Most recent cancer performance improvements have come from trusts that had previously struggled most with their waiting times – underlining the benefits of focused attention. This plan marks a turning point in our tolerance for sustained poor performance – and we will take a more systematic approach to turning around a 'hard core' of persistent poor performers in the first years of this plan. This will include support and improvement, but also decisive action like changes in leadership when needed.

Action 12. Regions and cancer alliances will step-up intensive support to challenged trusts.

NHS regional teams will be ultimately accountable for health system performance. Cancer Alliances will work hand in glove with their region to drive up core cancer standards. While in the past, the level and effectiveness of assistance to challenged trusts from Cancer Alliances has been variable, their much closer working relationships with the regions in our new operating model – coupled with a more standardised support offer – will help change that.

Starting immediately, we will expect NHS regions and Cancer Alliances to identify a 'hard core' of challenged trusts and begin meeting with them on a regular basis. The purpose of these meetings will be to assess whether those trusts have the right foundations for success, to identify strengths and weaknesses and to agree shared plans for improvement.

Where needed, Cancer Alliances will be able to pay to second senior managers from more successful trusts to worse performing trusts, to help lead performance improvement programmes. They will also be able to arrange for neighbouring trusts to peer review, or formally mentor, more challenged providers to support improvement – learning from the success of initiatives like the London Challenge in education, in the 2000s. In the worst cases of sustained poor performance, struggling trusts may have their cancer services taken over by better performing trusts.

To support these efforts, there will be funding ring-fenced for cancer, totalling £200 million in 2026 to 2027. The funding, distributed through Cancer Alliances, will only be used for sustainable improvements to cancer delivery, that contribute to better performance and outcomes.

23 Dretzke J and others. 'A systematic review of the effectiveness of patient-initiated follow-up after cancer' Cancer Medicine 2023: volume 12 (viewed on 7 January 2026); Jefford M and others, 'Improved models of care for cancer survivors' Cancer Survivorship: volume 399 (viewed on 7 January 2026)

Action 13. We will give Cancer Alliances and trusts the data they need to drive improvement.

We will share more granular data, including on rarer cancers, breaking broader categories down wherever possible to identify whether there are specific performance issues. We have started to publish new data on whether the Faster Diagnosis Standard is met for patients who are diagnosed with cancer to support a more targeted approach to improvement. We will rationalise and streamline cancer metrics to make them more useable, so that providers, commissioners, Cancer Alliances and NHS regions have rapid, reliable and actionable data that highlights unwarranted variation to drive local improvement.

The Federated Data Platform (FDP) and tools like Cancer 360[24] will support trusts and Cancer Alliances to understand and mitigate bottlenecks and delays in pathways to improve performance. We will expect all providers to use the FDP or equivalent technology to improve operational performance from 2026/27.

Action 14. Greater transparency will drive improvement.

The 10 Year Health Plan made an unwavering commitment to greater transparency. We will rigorously apply this to our approach to cancer data, with a focus on access and outcomes. We will expect trust boards to receive regular reports on performance and to take action to address weaknesses. Performance data will be part of the suite of data made available to patients and form the basis of clearer and easy to understand league tables, empowering patients to make an informed choice about where to go for their diagnosis and treatment.

We will make cancer services more responsive to patient feedback on their experience of care through collecting and acting on real-time data submitted by patients. Cancer will be the first pathway to fully embed new digital patient reported outcome and experience measures (PROMs) through the NHS App. This will enable healthcare teams to take rapid action to address patients' concerns, improve services and their quality of life. There is emerging evidence to show that this can improve clinical outcomes, surface unmet need, and save the system money, including through reducing hospital admissions.

PROMs will also give Cancer Alliances and clinical teams real-time data on how patients are experiencing care, supporting their quality improvement work.

Action 15. We will improve administration.

Getting the basics right in terms of good administration and management of Patient Tracking Lists (PTLs) is critical to delivering high performance. That means ensuring lists for clinics are accurate, that test results are available when required and PTLs are reviewed regularly by clinical and operational teams. From 2027, we will make cancer pathway management a core part of standard management development for operational staff.

24 NHS England. 'Cancer 360 streamlines patient pathways across NHS trusts' england.nhs.uk (viewed on 12 January 2026)

Restoring cancer performance across the NHS – actions and commitments

Commitment	Responsible organisations	Timeframe
Action 1. We will expand the community diagnostic estate – while also prioritising productivity, value and convenient access		
Ensure all current CDCs that are yet to become fully operational achieve that status, while extending CDC opening hours to 12 hours a day, 7 days a week where possible and improve utilisation of current capacity by ensuring all CDCs deliver optimal tests per hour	NHSE, ICBs	2027
Maximise the number of onsite consultation rooms at CDCs	NHSE, ICBs	2026
Deliver 9.5 million additional diagnostic tests	NHSE, ICBs	2029
Action 2. We will enable our expansion of diagnostic capacity with new histopathology capacity		
Implement a new maximum time frame of 10 days from request to report for 98% of histopathology tests on every cancer pathway	NHSE/DHSC	2029
Action 3. We will harness AI to speed up lung cancer diagnosis		
Extend the adoption of AI-supported tools to speed up lung cancer diagnosis to all trusts during this Parliament	NHSE/DHSC	2029
Action 4. We will harness digital, home and community innovations to make better use of diagnostic capacity		
Reduce inappropriate referrals into cancer pathways including, subject to regulatory approval, implementing the COLOFIT algorithm	NHSE/DHSC	2028
Deliver pathway improvement across the NHS through breast pain and post-menopausal bleeding clinics and evaluating options for pathway improvement for other cancers	Cancer Alliances	2027
Action 5. We will scale the use of single patient tracking lists across local providers		
Improve diagnostic productivity through better scheduling including single queue diagnostics and use of digital/ AI tools	NHSE, providers	2029
Action 6. We are investing in state-of-the-art radiotherapy machines – and expect local systems to follow suit		
Maximise radiotherapy productivity through AI, guidance from GIRFT, and investment in new machines	ICBs, Cancer Alliances	2027
Action 7. The 10 Year Health Plan's '5 big bets' – including data, AI and robotics – will improve treatment capacity, help staff achieve more and free up 'time to care' across the cancer workforce		
Establish a new national registry of surgical robots	NHSE/DHSC	2029

Commitment	Responsible organisations	Timeframe
Extend ctDNA and other biomarking testing to other cancers	NHS GMS, NHSE	2030
Roll out AI tools to support cancer administration	NHSE/DHSC	Across the lifetime of the plan
Action 8. We are investing in 4 new, modern aseptic medicines production hubs		
4 new NHS aseptic medicines production hubs to become operational using advances in digital and automation technology to produce higher volumes of cancer drugs.	NHSE/DHSC	2027
Action 9. We will launch a new review to improve the effectiveness of multi-disciplinary team working		
Lead a review of MDT working to agree revised best practice guidance.	Royal College of Radiologists	2027
Action 10. We will cut down unnecessary appointments through straight-to-test pathways and patient-initiated follow-up		
Deliver straight-to-test pathways in the 10 highest volume specialties, where clinically appropriate, which will help patients access diagnostics faster, including pathways for suspected cancer.	ICBs	2027
Extend patient-initiated follow-up to all appropriate cancer types and extend digital monitoring.	Cancer Alliances, trusts	2028
Action 11. Cancer will be a priority for NHS Online, bringing the best of the NHS to the rest of the NHS		
Implement NHS Online hospital which will offer faster, more flexible access to cancer care, starting with prostate cancer pathways.	NHSE/DHSC	2027
Action 12. Regions and Cancer Alliances will step-up intensive support to challenged trusts		
Cancer Alliances will provide intensive support to challenged trusts to meet waiting time standards	Cancer Alliances, NHS regions	From 2026
Action 13. We will give Cancer Alliances and trusts the data they need to drive improvement		
Rationalise and streamline existing cancer metrics to deliver rapid, reliable and actionable data to support action to reduce variation.	NHSE/DHSC	2027
The FDP to offer targeted digital capabilities to give all acute providers the data they need on cancer care and outcomes.	NHSE/DHSC	2027

Commitment	Responsible organisations	Timeframe
Action 14. Greater transparency will drive improvement		
Develop digital PROMs for the NHS App	NHSE/DHSC	2029
Action 15. We will improve administration		
Embed cancer pathway management in training for operational teams	Regions, ICBs	2028