



6. Children and young people's cancer

Cancer survival among children and young people has more than doubled in the UK since the 1970s – and we have continued to make good progress on survival in recent years.⁷⁸ However, cancer remains the leading cause of death by disease among children and young adults (aged 1 to 24) in England;⁷⁹ incidence has risen by 15% in the UK since the 1990s;⁸⁰ and, among survivors, the lifetime effect of cancer can be severe. As this government continues its mission to raise the healthiest generation of children ever, children and young people's cancer will be a priority.

Cancer in children and young people requires a specialist approach. The most common types of cancer are different to those in adults

and often behave differently – requiring distinct treatment approaches. Children and young people often experience severe physical, psychological or social late effects decades later, some life-changing or life-limiting. Young people (aged 16 to 24) face particular challenges and can 'fall between the gap' of paediatric and adult services, and can have the lengthiest time to diagnosis.⁸¹

In recognition of this, we re-established the Children and Young People Cancer Taskforce, chaired by Dame Caroline Dinenege, Professor Darren Hargrave and Dr Sharna Shanmugavadivel. Charlotte Fairall, who founded the charity Sophie's Legacy after the death of her daughter from a rare cancer, has

78 Cancer Research UK. [Children's cancer survival](https://www.cancerresearchuk.org). cancerresearchuk.org (viewed on 08 January 2026).

79 NHS England – National Disease Registration Service (NDRS). [Cancer in children, teenagers and young adults](https://digital.nhs.uk). digital.nhs.uk (viewed on 08 January 2026).

80 Royal College of Paediatrics and Child Health. [Cancer – State of Child Health](https://stateofchildhealth.rcpch.ac.uk). stateofchildhealth.rcpch.ac.uk (viewed on 13 January 2026).

81 NHS England. [Improving outcomes for teenagers and young adults with cancer](https://engage.england.nhs.uk). engage.england.nhs.uk (viewed on 13 January 2026).

also played a key part. As one of its central roles, the Taskforce has helped to develop this chapter of the National Cancer Plan, involving patients, families, clinicians and researchers together under 4 key elements:

- early detection and diagnosis
- genomic testing and novel treatments
- research and innovation
- experience of care.

We will speed up detection and diagnosis in younger patients

It is as true for children and young people, as for adults, that diagnosing cancer earlier can improve survival, reduce mortality, and improve quality of life for cancer survivors.⁸² It can create the potential for more curative and less invasive treatment options – which is particularly important for children and young people, given their higher susceptibility to side effects.

Barriers to detection and early diagnosis for children and young people include variability in paediatric cancer-specific training among primary care clinicians, a lack of awareness of the signs and symptoms (among both the public and professionals), and variability in referral pathways. This is often compounded by barriers to specialist input from secondary care. These issues can contribute to delayed recognition of symptoms, slower investigation and escalation, and ultimately worse outcomes for patients. Through this plan, we will give primary and emergency care professionals the support to detect and refer children and young people with cancer – across the NHS.

Action 1. We will embed the needs of children and young people into the design of the neighbourhood health service, including multi-disciplinary teams.

The 10 Year Health Plan made clear that children would be a priority for the neighbourhood health service – and the NHS Medium Term Planning Framework stated that high performing systems should begin to

develop this aspect of their neighbourhood offer immediately. More tangibly, we will ensure that over time the neighbourhood multi-disciplinary teams that care for children and young people with cancer will have a lead paediatrician. We will help neighbourhood and primary care teams get the right information by supporting the dissemination of evidence-based guidelines and information, including from partners.

Action 2. We will reduce variability in primary and emergency care clinicians seeking specialist support where cancer among younger patients is a possibility.

In line with Royal College of Paediatrics and Child Health ‘Facing the Future’ guidance, we will make sure all primary and emergency care clinicians have telephone access to a consultant paediatrician or relevant consultant, to refer (or ask for advice on) suspected cancer cases. In the future, more specialist paediatricians will work in community as well as acute settings, breaking down siloes between primary and secondary care further.

Action 3. To increase speed of access to diagnosis for young patients, all children who have imaging for suspected cancer will be reported by (or have their initial report reviewed by) a paediatric radiologist.

Moreover, we will ensure all primary care clinicians have access to appropriate paediatric diagnostic services for children and young people with suspected cancer, including phlebotomy within the community and specific additional imaging.

Action 4. We will prioritise AI-based decision tools, with safeguards.

AI-based decision support tools in primary care will be valuable in the future. We will make sure they reflect guidance and evidence specific to children and young people and ensure their safe use.

⁸² National Institute for Health and Care Excellence. [Suspected cancer: recognition and referral \(NG12\)](https://www.nice.org.uk) nice.org.uk (viewed on 13 January 2026).

Case study: Child Cancer Smart

Child Cancer Smart was launched in August 2025 by CCLG: The Children & Young People's Cancer Association, based on research from the University of Nottingham.⁸³ The campaign aims to raise awareness of the signs and symptoms of cancer in children and young people among both the public and healthcare professionals. It provides clinical guidelines and decision support tools for clinicians, and clear guidance for the public on when to seek medical advice. It is based on evidence from the Childhood Cancer Diagnosis study, that showed that the time to diagnosis for CYP varied significantly by age and cancer type. Teenagers had a median time to diagnosis of 8.9 weeks. Bone tumours had a median time to diagnosis of 12.6 weeks. The campaign messages align with the countless stories we heard through our consultation process.⁸⁴ For parents, trusting your gut instinct if symptoms persist. And for healthcare professionals, if you see three or more visits, three or more weeks of symptoms or three or more unexplained symptoms, think cancer. The campaign will next focus on specific guidance and advice for young people.

We will make children and young people's experiences of care even better

The NHS's national Under 16 Cancer Patient Experience Survey (U16 CPES) demonstrates that generally children have a positive

experience of cancer care, with 78% of children aged 8-15 reporting that they were very well looked after in 2024.⁸⁵ However, the survey also identifies areas, such as hospital care and facilities, where we can do better.

We also know that a child's cancer diagnosis will have a significant impact on their parents or carers and wider families. Through our call for evidence and the work of the Taskforce we heard that improving non-clinical and supportive care is a top priority.

Action 5. We will provide up to £10m per year to pay for the travel costs of children and young people with cancer and their families.

The cost of travel for care compounds the emotional toll of a cancer diagnosis and is particularly acute for the children and young people who often need to travel further due to there only being 13 Primary Treatment Centres and other specialist treatment centres in England. More than a third (37.6% in 2024) of U16 CPES respondents said that it takes more than an hour to get to the hospital where their child receives most of their care⁸⁶ – and such appointments can be frequent, over extended periods.

While such costs might be possible to cover in more affluent families, a family facing higher insecurity – perhaps compounded by needing to take unpaid time off for the appointment – could experience real financial harm. For some, it will be money that means heating their home for fewer hours, or going without fresh nutritious food at dinner time.

The existing NHS Healthcare Travel Costs Scheme is means-tested so not available to all young cancer patients and their families. Through this plan, we will provide up to £10m a year for a new fund open to all children and young people with cancer and their families to

83 Children's Cancer and Leukaemia Group (CCLG). 'Child Cancer Smart'. cclg.org.uk (viewed on 08 January 2026)

84 Shanmugavadivel D. and others. 'Quantifying diagnostic intervals and routes to diagnosis for children and young people with cancer in the UK (Childhood Cancer Diagnosis study, CCD): a population-based observational study' *Lancet Regional Health Europe* 2025: volume 54, page. 4 (viewed on 08 January 2026)

85 Under 16 Cancer Patient Experience Survey. [Homepage](http://under16cancerexperiencesurvey.co.uk). under16cancerexperiencesurvey.co.uk (viewed on 08 January 2026).

86 Under 16 Cancer Patient Experience Survey. [Homepage](http://under16cancerexperiencesurvey.co.uk). under16cancerexperiencesurvey.co.uk (viewed on 08 January 2026).

support them with the cost of travelling to and from cancer care.

Action 6. We will improve hospital food.

Younger patients report a lack of child-friendly food options, and limited availability outside mealtimes.⁸⁷ Nutritious food is important to health and recovery – and tasty food contributes to the experience of care. Through the upcoming national NHS food standards review, we will ensure access to high-quality hospital food for children and young people with cancer.

Action 7. We will improve the experience of staying in hospital.

Having things to do in hospital and therapeutic care, including play for children, are important to the emotional wellbeing of young cancer patients. However, services remain variable.⁸⁸ In June 2025, NHS England and Starlight published the Play Well toolkit, to help services deliver high-quality health play provision for children in hospital. Youth support coordinators are equally important to teenagers and young adults.⁸⁹ They can provide support on education, emotional impacts, returning to study and fertility concerns. As part of their improvement function, Regions and Cancer Alliances will be tasked with supporting local providers to adopt best practice.

Case study: Youth Support Coordinators in Teenage and Young Adult Cancer Care

Charlene is a Youth Support Coordinator (YSC) at NHS Humber Health Partnerships. She is one of many YSC funded by Teenage Cancer Trust across 28 specialist units. She works alongside the multiprofessional team, helping young people to cope with the emotional and practical impact of cancer. She says, “they fight the cancer (medical team), I fight for the whole young person”. The uniqueness of this role was examined by Cable et al., (2023) in UK-based action research, highlighting YSCs essential contribution, to bridge clinical care and psychosocial wellbeing.⁹⁰ They make specialist units a welcoming place, for therapeutic conversations, emotional resilience and activities. These support vital psychosocial outcomes, patient experience, and multidisciplinary cohesion. YSCs are integral to holistic, developmentally appropriate cancer care.

Action 8. We will standardise the provision of psychosocial care.

Cancer has a profound psychological impact on young patients, presenting unique challenges during their formative years. While NHS England’s service specifications state that children and young people with cancer should have access to psychological support across the cancer pathway and beyond, this is not delivered consistently. The Taskforce identified long-term support as a particular issue, and one which significantly impacts quality of life.

87 Under 16 Cancer Patient Experience Survey. [Homepage](https://www.under16cancerexperiencesurvey.co.uk). under16cancerexperiencesurvey.co.uk (viewed on 13 January 2026).

88 Under 16 Cancer Patient Experience Survey. [Homepage](https://www.under16cancerexperiencesurvey.co.uk). under16cancerexperiencesurvey.co.uk (viewed on 13 January 2026).

89 NHS England. [Play Well: resources for health play services for England](https://www.england.nhs.uk/play-well/). england.nhs.uk (viewed on 08 January 2026).

90 Cable M. and others, [Determining Domains of Practice for Youth Support Co-Coordinator Work in Teenage/Young Adult Cancer Care in United Kingdom](#) Journal of Adolescent and Young Adult Oncology 2023: volume 12, (viewed on 08 January 2026).

Patient Voice

“It is common for survivors of cancer to realise the trauma experienced several years, post-treatment.”

Children and Young People’s Patient
Experience Panel Member

We will standardise the provision of psychosocial care for children and young people with cancer during diagnosis and treatment, and as part of long-term follow-up care. In addition, we will develop standards with the UK NSC for the monitoring and surveillance of second malignant neoplasms in teenagers and young adults who have previously been diagnosed with cancer. We will also ensure every child or young person diagnosed with a central nervous system tumour has a dedicated neurorehabilitation keyworker to coordinate a multidisciplinary recovery plan and family support from the point of diagnosis.

We are also committed to ensuring that every child and young person who requires palliative care or end of life care receives timely, holistic and personalised care and support, which reflects their individual needs and wishes. This includes access to specialist level palliative care when needed.

We will enable fast, equal and effective access to genomic testing

Whole Genome Sequencing (WGS) is currently offered to all children and young people diagnosed with cancer.⁹¹ The NHS Genomic Medicine Service provides comprehensive genomic analysis and molecular profiling to every young cancer patient to guide precision treatment decisions and support access to clinical trials. 8-12%⁹² of children and young people with cancer

have harmful changes in known cancer predisposition genes. Identifying such changes as early as possible can enable cancer screening and surveillance to support early diagnosis and, where cancer is confirmed, inform tailored treatment plans.

However, challenges remain in enabling equitable access to genomic testing and delays in turnaround times mean that results do not get back quickly enough to meet clinical requirements. Alongside lengthy consent processes and a lack of join-up between genomic and other data, this means that we are not making the best use of the opportunities presented by genomics to treat children and young people.

Patient Voice

“Patients and families need clarity as to why the patient is being offered WGS and what it will lead to”

Children and Young People’s Patient
Experience Panel Member

Action 9. The NHS Genomic Medicine Service will establish a national network of specialist children and young people’s inherited cancer predisposition services.

They will implement end-to-end genomic pathways and ensure holistic support. Clear guidelines will also be developed by the relevant professional bodies to ensure high quality surveillance following a cancer predisposition diagnosis.

We will make children and young people’s cancer a research priority

In Chapter 5, we highlighted that children and young people’s cancer – and particularly, higher quality of life and gentler treatment – would be a research priority for at least the

91 NHS England. [Whole genome sequencing for children](https://www.england.nhs.uk). england.nhs.uk (viewed on 13 January 2026)

92 Orbach, D. and others, [The role of cancer predisposition syndrome in children and adolescents with very rare tumours](#), EJC Paediatric Oncology 2023: volume 2 (viewed on 12 January 2026); Kratz, C. and others, [Predisposition to cancer in children and adolescents](#), The Lancet Child & Adolescent Health 2021: Volume 5, p.142-154; Akhavanfard, S. and others, [Comprehensive germline genomic profiles of children, adolescents and young adults with solid tumors](#), Nature Communications 2020: volume 11, 2206. (viewed on 12 January 2026)

next 3 years. However, our vision is bigger than this solely being a research priority across government. We will help bring together the diverse research and innovation eco-system – to recognise the important contributions of both charities and industry, to reduce duplication and to help push in a common direction.

Action 10. We will set up a collaborative national approach to research priorities.

A wide set of organisations facilitate research into children and young people with cancer, many of which have their own research strategies. While this has delivered ground-breaking work, it can result in duplication or gaps in some areas. A collaborative national approach to identify and fund research priorities, building on the work of the James Lind Alliance Priority Setting Partnership, will significantly strengthen the impact of research.⁹³

Action 11. We will break down the specific barriers to clinical trials faced by children and young people.

These include availability, accessibility and visibility of trials for their age groups. This is particularly acute for young people (aged 16 to 24) who often do not qualify for either paediatric or adult trials. We heard that this is compounded by delays setting up trials, with contributing factors including lengthy research and development processes, and insufficient workforce. There are also funding and regulatory approval barriers to the adoption and uptake of novel treatments, including a deficiency in the paediatric specific licensing currently available.

The Initiative for Multi-stakeholder Partnership to Accelerate Children's Cancer Trials (IMPACCT) is addressing these issues, including through a workforce mapping exercise across Principal Treatment Centres (PTCs) to identify optimal staffing models.⁹⁴ The outputs will be used to improve workforce provision for PTC trial delivery across England.

Action 12. We will ensure that data collection and publication for children and young people is a key focus across the cancer patient pathway.

We will improve the collection and publication of national data on children and young people with cancer, including exploring the scope to publish data on diagnostic intervals. And we will build on this to develop a comprehensive evidence base of long-term outcomes and survivorship for younger patients.

93 National Institute for Health and Care Research (NIHR). [About Priority Setting Partnerships](https://www.jla.nihr.ac.uk). jla.nihr.ac.uk (viewed on 08 January 2026)

94 Solving Kids' Cancer UK. 'Initiative for Multi-stakeholder Partnership to Accelerate Children's Cancer Trials (IMPACCT) campaign for children with cancer' solvingkidscancer.org.uk (viewed on 8 January 2026)

Children and young people with cancer – actions and commitments

Commitment	Responsible organisation	Timeframe
Action 1. Embed CYP needs into neighbourhood health services and MDT design		
Ensure Neighbourhood MDTs for Children have a lead paediatrician for each neighbourhood group of GP practices, who can discuss cases where a diagnosis with non-specific presentations has not been made.	Regions, ICBs	2027
Ensure that the needs of children and young people with cancer are specifically taken into account in the development of Neighbourhood MDTs for Children	Regions, ICBs	2028
Action 2. Ensure primary and emergency clinicians can seek rapid paediatric specialist advice.		
Ensure all primary and emergency care clinicians have telephone access to a consultant paediatrician or relevant consultant to refer], or ask for advice on, suspected cancer cases (0-18) directly through the expansion of Advice and Guidance and in line with current Royal College of Paediatrics and Child Health Facing the Future guidance.	Regions, ICBs	2026
Ensure all primary care clinicians have access to appropriate paediatric diagnostic services for children and young people with suspected cancer, including phlebotomy within the community and specific additional imaging.	Regions, ICBs	2027
Action 3. Ensure paediatric radiologist reporting for suspected cancer imaging.		
Ensure all children and young people who have imaging for suspected cancer are reported by, or have their initial report reviewed by, a paediatric radiologist.	Regions, ICBs	2027
Action 4. Prioritise safe AI based decision tools for CYP.		
Ensure AI-based decision support tools used in primary care reflect guidance and evidence specific to children and young people.	NHSE/DHSC	2027
Action 5. Provide £10m annually for CYP cancer travel costs		
Provide £10m annually for CYP cancer travel costs.	DHSC/NHSE	2027
Action 6. Improve hospital food for CYP		
Establish access to high-quality hospital food for children and young people at times when it is needed.	Regions, ICBs	2026
Action 7. Improve hospital experience (play, youth support coordination)		
Ensure patients aged 16-24 are referred to the Teenage and Young Adult MDT to enable early discussions and support, for example, on fertility.	Regions, ICBs	2027

Commitment	Responsible organisation	Timeframe
Action 8. Standardise medical psychosocial care and surveillance for late effects		
Ensure uptake of NHS England and Starlight's Play Well toolkit, including youth support for teenagers and young adults.	ICBs/Trusts	2027
Standardise surveillance for late effects and secondary cancers for children and young people	Regions, ICBs	2027
Ensure that all children and young people with cancer have access to high-quality and age-appropriate psychological care and support during diagnosis and treatment and beyond to support improved patient outcomes and quality of life	Regions, ICBs	Across life of the plan
Action 9. Establish national inherited cancer predisposition services for CYP		
Make children and young people's genomics a core deliverable for the NHS Genomic Medicine Service to ensure specialist support and surveillance is available nationally.	NHS Genomic Medicine Service	2026
Action 10. Establish national collaborative research priorities for CYP cancer		
Establish national collaborative research priorities for CYP cancer.	DHSC/NHSE	2027
Action 11. Break down barriers to clinical trials for CYP		
Ensure our national approach to cancer research and innovation prioritises children and young people, including ensuring access to clinical trials by requiring clinical justifications for age limits.	DHSC/NHSE	2027
Action 12. Improve national CYP cancer data collection and long term outcomes datasets		
Improve the collection and publication of national data on children and young people cancer, including exploring the scope to publish data on diagnostic intervals	NHSE/DHSC	2027
Develop a comprehensive evidence base of long-term outcomes and survivorship in this patient cohort.	NHSE/DHSC	2027