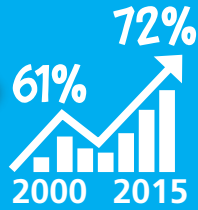


NHS Long Term Plan for Cancer

Cancer survival is the highest it's ever been and thousands more people now survive cancer every year. For patients diagnosed in 2015, one year survival was 72% over 11 percentage points higher than in 2000.



We will modernise the Bowel Cancer Screening Programme to detect more cancers, earlier.



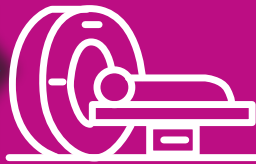
Sir Mike Richards will lead a review of the current cancer screening programmes and diagnostic capacity.



We will begin introducing a new faster diagnosis standard from 2020 to ensure most patients receive a definitive diagnosis or ruling out of cancer within 28 days of referral from a GP or from screening.



The NHS will use its capital settlement to be negotiated in the 2019 Spending Review in part to invest in new equipment, including CT and MRI scanners, which can deliver faster and safer tests.



Safer and more precise treatments including advanced radiotherapy techniques and immunotherapies will continue to support improvements in survival rates.



By 2021, where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.



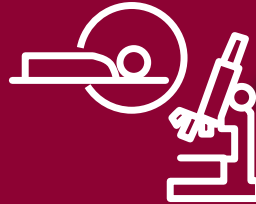
The Long Term Plan sets a new ambition that, by 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to three-quarters of cancer patients.



We will implement HPV primary screening for cervical cancer across England by 2020.



Over the next two years, we will extend the lung health checks that have already produced strong results in Liverpool and Manchester.



The new faster diagnosis standard will be underpinned by a radical overhaul of the way diagnostic services are delivered for patients with suspected cancer.



We will speed up the path from innovation to business-as-usual, spreading proven new techniques and technologies and reducing variation.



We will extend the use of molecular diagnostics and, over the next ten years, the NHS will routinely offer genomic testing to all people with cancer for whom it would be of clinical benefit, and expand participation in research.



After treatment, patients will move to a follow-up pathway that suits their needs, and ensures they can get rapid access to clinical support where they are worried that their cancer may have recurred.

