

St George's House, Windsor Castle.

11th September 2025, Online Consultation,
18:30 -19:30pm

Learnings from National Cancer Control Plans (NCCP) from Around the World: What makes an NCCP deliverable and effective?

Our online meeting on 11th September will bring together people with extensive experience and knowledge of national cancer control plans. We want to use this expertise to understand what the key constituents of a good plan look like; what are the challenges in achieving a workable plan; and what are the practical, cogent recommendations we can make to government and others as we try to break the impasse around cancer care in the UK?

We have set out below some initial considerations. These are merely indicative but will give the online conversation some structure. We will also set up an online portal where we can make available any reading material you feel might be useful in advance of 11th September. Do please send any such material or links to caroline.biggin@stgeorghouse.org

What makes a good plan?

1. **Has a clear, realistic purpose:** define 7-10 priorities, both for immediate problems (solution-focused) and for next 5-10 year challenges (ambition).
2. **Budget aligned to ambition and what needs to be done.**
3. **Engages across government:** Treasury/health/social care/public health/education/science and innovation and others.
4. **Based on and informed by data and evidence.**
5. **Takes inequalities as a significant focus.**
6. **Accountable, with regular feedback and assessment,** with aim of improving cancer survival and survivorship
7. **Co-created with all relevant groups:** how best to engage and serve patient involvement.
8. **Is assessed against international benchmarking and scored appropriately** (see ICBP Policy Scorecard) [Exploring the link between cancer policies and cancer survival: a comparison of International Cancer Benchmarking Partnership countries.](#)
9. **Is a live plan:** must be a coherent action-plan rather than a purely aspirational document. Must anticipate and adapt to a changing environment e.g. technology, digital, workforce.



What makes a flawed plan?

- Lack of leadership.
- No clear funding plan.
- No accountability.
- Not informed by relevant data intelligence.
- A static document lacking pragmatic actions which quickly goes out of date.
- One without a clear and practical plan for improving survival and living better both with and beyond cancer.
- Fails to learn from local and global good practice.
- Aspirational rather than based on hard reality.

Priorities: are there areas that would need expert working parties?

1. Address inequalities – document and mitigate. [Cancer inequalities in the United Kingdom and the data used to measure them: a scoping review](#). and [The European Cancer Pulse: tracking inequalities in cancer control for citizen benefit](#).
2. Change thinking to Cancer is a Time Critical disease. We did it for COVID – why not for Cancer – which kills many more people than COVID? We relaxed data privacy rules for COVID – why not for cancer?
3. Law on what to expect as citizens – link to European Code of Cancer Practice (10 rights that people should expect from their cancer health system) Cancer Practice. *J Cancer Policy* 2021; 28: 100282 <https://doi.org/10.1016/j.jcpo.2021.100282>
4. Improving access to modern radiotherapy. – big opportunity – low hanging fruit.
5. Link in with clinical trial announcement.
6. Survivorship, living well with cancer and without financial toxicity – Right To Be Forgotten to protect cancer survivors [Ending financial discrimination for cancer survivors: embedding the Right to be Forgotten in legislation across Europe](#).
7. Data /and evidence base/accelerator/ digital cancer care – link to supporting workforce – One London [exemplar](#).
8. Cost: choice and living within our means/value based health care.
9. Innovation-implementation. We are good on innovation – poor on implementation Speed/cost/new technology introductions/ahead of the curve with AI. Special case for speed in Oncology-like in 1980/1990 s when drug development in cancer streamlined. [Evaluation of rodent-only toxicology for early clinical trials with novel cancer therapeutics](#). Is the opportunity there now in technology in cancer. ['Innovator passports' set to accelerate cutting-edge NHS care - GOV.UK](#).
10. Shift to community care as much as possible. See cancer and survivorship as chronic disease.

