The National Cancer Plan for England: delivering world class cancer care (February 2026)

Key points affecting for radiotherapy services

Radiotherapy-specific commitments

We will harness new technology to speed up access to treatment

State of the art radiotherapy machines will be able to deliver mor 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

Action 6. We are investing in state-of-the-art radiotherapy machines – and expect local systems to do the same. (p15)

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 expect systems to use this capital.

To further investment in state-of-the art radiotherapy machines. The new capital freedoms associated with Advanced Foundation Trust status will increase scope for this kind of investment event further, over the course of this plan

Action 7. The 10 Year Health Plan's '5 big bets' including data, AI and robotics - will help improve treatment capacity, help staff achieve more, and free up 'time to care' across the cancer workforce (p16)

AI will help oncologists plan radiotherapy more quickly and accurately. Improved contouring will mean better outcomes and reduced risk of health tissue damage, meaning fewer complications for patients and less need to follow up treatment. The 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 on as it is published.

We will deliver a modern approach to quality

Action 18: We will streamline the process for approving new uses of Stereotactic Ablative Radiotherapy and incentivise its use. (p35)

By April 2027, we will streamline the process for approving new uses of SABR.

We will also ensure the associated payment system incentivises fast adoption of proven innovations.

We will modernise the cancer workforce

A workforce properly equipped with the skills, education, training, motivation, permission, support and equipment to deliver reform. (p42)

Action 25. We will create more training places for cancer consultants in the places that need them most (p38)

We will work with the Royal Colleges to encourage resident doctors and internal medicines trainees to specialised in clinical and medical oncology.

We will also use training more directly as a lever to support improvements in operational performance, prioritising training places in trusts, where vacancy rates are higher and performance is lower.

General commitments (affecting radiotherapy services)

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

We will go further and delivery the transformation needed to meet all 3 cancer waiting time standards [two of which impact on radiotherapy]:

- 85% of patients starting treatment within 62 days of referral
- 96% of patients starting treatment within 31 days of a decision to treat

We will harness new technology to speed up access to treatment

Action 9. We will launch a new review to improve the effectiveness of multi-disciplinary team working (p17)

We have asked the RCR to formally review opportunities to modernise MDT working. Their review will focus on tangible actions trust can take to increase efficiency, streamline decision-making and help patients get treatment faster.

Action 12. We will publish a new generation of cancer manuals (p33)

We will establish clear quality standards for cancer delivery through caner manuals, published by tumour type.

Action 13. Cancer Alliances will facilitate new quality improvement collaboratives (p34)

They will assess key criteria like radical treatment rates, whether patients have had their treatment reviewed by specialised MDTs, and variation in access and equity.

Action 20. We will create a clear accountability structure within local systems and providers for the ambitions in this plan (p36)

Every trust and every ICB will have a lead accountable executive officer for cancer, and a cancer board led by a senior executive or non-executive board member.

There will be regular reports on cancer, covering not just waiting times performance, but importantly also on quality and outcomes to their full public boards

We will ensure faster set up of clinical trials and more equitable access

Action 9. The NIHR Be Part of research service will allow patients to browse trials and find those best suited to them.

Boosting sign-ups to Be Par of research and extending access to people aged under 18 will help increase trial recruitment.

We will improve patients and clinician awareness fo current clinical trials through targeted campaigns and the use of new digital tools.

We will speed up access to targeted and personalised therapies for rare cancers

Action 9. Explore novel procurement routes for diagnostics or treatments for rare cancers

More sophisticated radiotherapy treatments and advances in personalised medicine – supported by genomic testing – have led to better outcomes and few side effects for many

We will explore innovative procurement mechanisms to stimulate innovation in cancer diagnostics and treatments.

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