

Autumn Budget 2025

Yorkshire Cancer Research representation, October 2025

1. Introduction

- 1.2 Yorkshire Cancer Research exists so that more people live longer, healthier lives, free of cancer. The Charity's 100 years of pioneering research, medical breakthroughs and life-saving progress have redefined what is possible for people affected by cancer in Yorkshire and beyond.
- 1.3 In 2023, cancer was the leading cause of productivity loss in the UK, resulting in 350,000 years of productivity lost and an estimated £10.3 billion in economic losses due to premature deaths.¹ These figures underscore the urgent need for targeted investment in improving cancer outcomes. Reducing the number of lives lost to cancer is not only a public health priority, but also a critical investment in the UK's economic resilience and workforce sustainability.
- 1.4 In this representation Yorkshire Cancer Research outline four key proposals for inclusion in the Autumn Budget 2025 to reduce the number of lives lost to cancer. The Charity is calling for the introduction of a tobacco industry levy, a commitment to multi-year funding for the NHS Lung Cancer Screening Programme, the introduction of minimum unit pricing for alcohol in England and increased investment in health research.

2. Tobacco Industry Levy

- 2.1 Yorkshire has the second highest smoking rate out of the nine regions in England at 12.4% compared to the national smoking rate of 11.6%.² Based on the current smoking rates, Yorkshire Cancer Research estimates that there are 516,783 adults who smoke in Yorkshire.^{2, 3} There are also areas within Yorkshire with significantly higher smoking rates than the national average. Doncaster has the highest smoking rate in Yorkshire at 17.8%, this is the 5th highest of 152 areas in England.
- 2.2 The tobacco industry generates an enormous amount of profit from selling this harmful product which is linked to 6,903 deaths a year in Yorkshire alone.² Tobacco manufacturers in the UK are estimated to make £900 million a year due to their monopoly-like pricing power, operating at a profit-margin of around 50%.⁴ This profit margin far exceeds margins in other sectors which averages at around 10%.
- 2.3 Whilst the tobacco industry brings in millions in profits a year, tobacco remains the leading preventable cause of cancer, responsible for 14.7% of all cancers in England and 72.0% of lung cancers.⁵ Every year there are 2,857 people who die from lung cancer in Yorkshire and 26,410 in England, the majority of which will be related to smoking. When broken down by cancer type, deaths from lung cancer in 2023 contributed most towards lost productivity. In 2023, lung cancer deaths resulted in 54,000 years of productivity lost and an estimated £1.7

billion in productivity losses in the UK. There are also significant societal costs associated with tobacco. Tobacco costs £43.7 billion annually in England and £4.1 billion in Yorkshire, through healthcare expenditure, lost productivity and social care costs.⁶ Crucially the economic costs of tobacco far outweigh the gains. Revenue from tobacco taxation only brings in about £6.8 billion per year in England and £660.1 million in Yorkshire.

- 2.4 Tackling tobacco presents one of the most effective strategies for reducing cancer incidence and mortality, while also alleviating the wider economic burden on society. Research shows that stopping smoking is the single most effective way to reduce the risk of developing lung cancer and that stop smoking support is the most effective method of quitting, three times more effective than attempting to quit without support.^{7, 8} However, smoking cessation services are currently insufficiently funded. Despite the local stop smoking services budget seeing its largest increase ever between 2023/24 and 2024/25, funding in 2025/26 real terms for local authority stop smoking services remains 39% lower than it was a decade ago, declining from £194.7 million in 2015/16 to £119.2 million in 2025/26. Despite Yorkshire having consistently had a smoking prevalence higher than the national average, the region has also experienced consistent decreases in the budget for local stop smoking services until more recent years. Despite 2024/25 and 2025/26 budgets seeing record increases, funding for stop smoking services remains 30% lower than 10 years prior at £12.8 million, compared to £18.3 million in 2015/16, in 2025/26 real terms.⁹
- 2.5 The cost of tackling tobacco does not need to fall on the taxpayer. At the Autumn Budget, HM Treasury should introduce a tobacco industry levy, as recommended by the APPG for Smoking and Health.⁴ The tobacco industry levy can raise £700 million a year at no cost to consumers by capping tobacco manufacturers profits at 10%, in line with the manufacturing average. This would cap the wholesale prices that tobacco manufacturers can charge, preventing them from using pricing strategies to maintain high profits and undermine public health efforts. A regulator, such as the Department of Health and Social Care, would set these price caps based on production costs plus a modest profit margin. The Department of Health and Social Care already have the expertise required to monitor and regulate pricing, as they already do this within the pharmaceutical sector. To ensure retail prices remain high enough to deter smoking, a health levy would be applied to fill the gap between the capped wholesale price and the current retail price. This mechanism ensures the financial impact is absorbed by the industry, not consumers, and enables profits to be redirected to funding smoking cessation services.

3. Lung Cancer Screening

- 3.1 When lung cancer is diagnosed at the earliest stage, five-year survival is 67.8% and when diagnosed at the latest stage is 8.8%.¹⁰ However, in Yorkshire half of lung cancers are diagnosed at a late stage (47.3%).¹¹ Given the significant economic impact of lung cancer mortality, it is vital that programmes proven to increase early diagnosis are sufficiently funded.
- 3.2 Yorkshire Cancer Research funded the Yorkshire Lung Screening Trial (YLST), a randomised controlled trial of mobile lung screening at community locations in Leeds.¹² During the trial, over 400 cancers were detected, with 80% of screen-detected cancers diagnosed at stage 1 or 2, this rose to 88% in the trial's second round of screening.¹³ Data from the trial was used in economic modelling by the University of Exeter which

demonstrated targeted lung screening with Low Dose Computed Tomography (LDCT) is cost effective at a threshold of £20,000 per Quality-Adjusted Life Year (QALY).¹⁴ Targeted lung cancer screening was subsequently recommended by the UK National Screening Committee. As of January 2025, more than 1 million people had accepted their invitation to a lung health check through the NHS Lung Screening Programme and screening has diagnosed more than 5,500 people with lung cancer. Evidence suggests that the NHS Lung Cancer Screening Programme has been effective in increasing rates of early diagnosis for lung cancer. Rates of early diagnosis of lung cancer increased from 30.5% in 2021 to 36.7% in 2023.¹⁵ The National Lung Cancer Audit suggests that this is likely to partly reflect the roll out of the NHS Targeted Lung Health Check Programme and subsequent introduction of the NHS Lung Cancer Screening Programme. Crucially, people in deprived areas are now more likely to be diagnosed with lung cancer at an earlier stage. In 2022, more than a third of people diagnosed with lung cancer from the most deprived fifth of England were diagnosed at stage one or two in 2022 (34.5%), up from 30% in 2019.¹⁶

3.3 However, despite its success and cost effectiveness the NHS Lung Cancer Screening Programme has not received sufficient funding for the next year of rollout, meaning the programme has had to cut the number of people invited for screening. It is now unclear whether the programme can be delivered to the Government's commitment of a targeted lung screening programme to be available nationally by 2029. Indeed, whilst the 10 Year Health Plan reaffirms the Government's commitment to lung screening it does not recommit to the 2029 deadline.¹⁷ This decision will have a significant impact on Yorkshire. Yorkshire Cancer Research estimates that in Yorkshire there will be 33,327 fewer invitations and 9,269 fewer lung scans, resulting in 198 fewer cancers detected. There is a need for multi-year funding commitments to ensure the programme can be delivered in line with Government commitments.

3.4 Moreover, funding has not been allocated according to need, resulting in areas with significant rates of smoking and lung cancer without sufficient funding. For example, despite containing some of the most deprived communities in England with areas of high rates of smoking, lung cancer incidence and mortality, Humber and North Yorkshire Cancer Alliance received a £1.5m reduction against their planned roll out, cutting planned invitations from 49,147 to 33,830. It is estimated that in Humber and North Yorkshire, 4,683 fewer lung scans will take place, resulting in 98 fewer cancers being detected. Rather than allocating according to need, funding has been prioritised for areas who have outsourced lung screening to private contractors. This effectively penalises efficient use of public funds and fails to prioritise areas with the greatest need. In the Autumn Budget HM Treasury should reconsider this decision and commit to multi-year funding for the National Lung Cancer Screening Programme to ensure planned trajectories can be achieved. If necessary to prioritise certain areas, allocations should be prioritised according to local need.

4. Addressing alcohol misuse

4.1 Alcohol consumption is one of the leading preventable causes of cancer. It is estimated to cause 4.1% of all cancers, which is the equivalent of 13,516 new cases of cancer in England and approximately 1,297 new cases of cancer in Yorkshire each year.^{18, 19} Analysis of data shows variation in alcohol related cancer incidence within Yorkshire. Kingston upon Hull has the highest incidence rate, with 43 people per 100,000 being diagnosed with an alcohol-

related cancer each year, higher than the regional and national average of 38 cases per 100,000 people.²⁰

- 4.2 There is a strong economic case for the prevention of alcohol misuse, which is estimated to cost the NHS £3.5 billion each year.²¹ More than one in 60 hospital admissions are primarily due to alcohol.^{22, 23} The societal costs of alcohol misuse are even more substantial, at £21 billion per year.²¹ This includes alcohol related crime, lost productivity as a result of unemployment and sickness and the costs of treating alcohol-related illness and injury.
- 4.3 Addressing alcohol misuse is critical to reducing health inequalities. In 2023, nearly a third of all alcohol related deaths occurred in the most deprived 20% of the population.²² Evidence shows that people in the least deprived groups tend to consume more alcohol than those in the most deprived. A total of 17.0% of people in the most deprived groups drink 15 or more units a week compared to 24.5% in the least deprived.²⁴ However, there is greater attributable morbidity and mortality among the most deprived groups.²²
- 4.4 Measures introduced in devolved administrations of the United Kingdom have proven effective in reducing alcohol-related health harms, in turn helping to reduce its cost to the NHS.
- 4.5 Minimum unit pricing, which sets the lowest price at which alcohol can be sold, was introduced in Scotland and Wales in 2018 and 2020 respectively. An evaluation of minimum unit pricing in Scotland shows how this has made a positive impact on alcohol-related health outcomes.²⁵ The evaluation estimates that minimum unit pricing reduced deaths directly caused by alcohol consumption by 13.4%.²⁵ Furthermore, hospitalisations directly caused by alcohol consumption reduced by 4.1%.²⁵ Minimum unit pricing positively impacted alcohol-related health inequalities; the largest reductions in deaths and hospital admissions were found in those living in the 40% most deprived areas.²⁵ The evaluation also found no evidence of significant costs to the alcohol industry, with the reduction in sales value offset against increased prices.²⁵
- 4.6 At the Autumn Budget, HM Treasury should enforce pricing regulations which prevent the sale of cheap, high strength alcoholic drinks. Specifically, the Government should introduce minimum unit pricing for alcohol, a policy which has proven successful in Wales and Scotland. This can help to reduce preventable cases of cancer whilst also helping to address the economic costs of alcohol misuse.
- 4.7 Yorkshire Cancer Research welcomes the introduction of alcohol content-based taxation in August 2023 and the increasing of alcohol duty rates at the 2024 Autumn Budget.²⁶ A combination of minimum unit pricing and an increase in taxation could help to reduce alcohol consumption. Previous modelling commissioned by the Government shows that a combination of phased alcohol duty increases and minimum unit pricing reduced alcohol consumption the most amongst high-risk drinkers and the lowest socioeconomic groups.²⁷

5. Investing in health research

- 5.1 Investment in health research by the public and charity sectors drives economic growth. It is estimated that every £1 of public or charity investment in health research (including cancer research) returns 25p to the UK economy.²⁸ Public and charity sector funding of health research is a catalyst for additional private sector investment, which contributes to an annual rate of return of 15% to 18%.²⁹ The public health improvements driven by research innovation also have significant economic value. Studies show that UK funded cancer research results in a 10% return on investment through improved health outcomes alone.^{28, 30}
- 5.2 A more recent report published by Frontier Economics demonstrates the economic contribution of non-commercial clinical research.³¹ The report finds that between 2014 and 2024, non-commercial clinical research contributed £72.7 billion in Gross Value Added (GVA) to the UK economy.³¹ Clinical research investment drives economic growth directly through the employment and research activity it generates. The report finds that non-commercial investment supported an average of 8,410 jobs per year in the NHS for this period.³¹ Investment also drives growth indirectly, through factors such as the health improvements from research, increased supply chain activity and the generation of knowledge which can drive future economic development.
- 5.3 Clinical research can help to address regional economic inequality, with improved health outcomes resulting in long-term economic benefits. The Northern Health Science Alliance explains how improving health outcomes could help to address the productivity gap between the North and the South, estimating that decreasing rates of ill health by 0.7% and mortality by 1.2% would reduce the gap in productivity between the North and the rest of England by 10%.³²
- 5.4 Clinical research also has an important role in increasing the efficiency and cost effectiveness of healthcare delivered by the NHS. Research provides the evidence required to assess which health interventions offer the greatest economic value. One area where this is evident is in the evaluation of cancer screening programmes. Cancer screening enables cancers to be prevented and also diagnosed earlier, reducing the likelihood of the most serious illness and extended hospitalisation. Screening can therefore reduce healthcare costs, though this must first be demonstrated through large-scale screening trials.
- 5.5 The progression of lung screening from clinical trials to a national screening programme, discussed in section 3 of this representation, demonstrates how strategic investment in health research can help to maximise the value of public spending, by enabling the NHS to deliver cost effective services that improve early diagnosis, reduce treatment costs and increase efficiency.
- 5.6 At the 2025 Spending Review, the Government announced its intention to increase total spending on research and development from £20.4 billion in 2025/26 to £22.6 billion in 2029/30.³³ However, the research and development budget of the Department of Health and Social Care (DHSC) will decrease as a proportion of total research spending, from 9.8% in 2025/26 to 8.8% in 2029/30.³³
- 5.7 The 10 Year Health Plan establishes the Government's aim to "transform" the NHS into a "global research and innovation powerhouse", with research becoming a core part of clinical work.¹⁷ It is critical that Government health research spending is aligned with this ambition, to maximise the potential of health research to both drive economic growth and increase the efficiency of the NHS.

References

1. UK CR. *Cost of cancer in the UK*. 2025. Accessed: 01/10/2025. Available from: https://assets.ctfassets.net/u7vsjnoopqo5/6BxLojtrBNtv6pOskBafic/4fe83632ad604086b93c70cfd0a8913f/cost_of_cancer_in_the_uk.pdf
2. Fingertips. *Smoking Profile*. 2025. Accessed: 14/03/2025. Available from: <https://fingertips.phe.org.uk/profile/tobacco-control>
3. Office for National Statistics. *Population estimates for England and Wales: mid-2023*. 2024. Accessed: 01/11/2024. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationestimatesforenglandandwales/mid2023>
4. All Party Parliamentary Group on Smoking and Health. *APPG on Smoking and Health Manifesto for a Smokefree Future*. 2023. Accessed: Available from: <https://ash.org.uk/uploads/APPG-on-Smoking-and-Health-Manifesto-for-a-Smokefree-Future-2023.pdf?v=1699520107>
5. Brown KF, Rungay H, Dunlop C, Ryan M, Quartly F, Cox A, et al. *The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland, and the United Kingdom in 2015*. *British Journal of Cancer*. 2018;118(8):1130-41.
6. Action on Smoking and Health. *ASH Ready Reckoner*. 2025. Accessed: 13/12/2023. Available from: <https://ash.org.uk/resources/view/ash-ready-reckoner>
7. Centers for Disease C, Prevention, National Center for Chronic Disease P, Health P, Office on S, Health. *Publications and Reports of the Surgeon General. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General*. Atlanta (GA): Centers for Disease Control and Prevention (US); 2010.
8. National Centre for Smoking Cessation and Training. *Stop smoking services: increased chances of quitting*. 2019.
9. Ministry of Housing Communities and Local Government. *Local authority revenue expenditure and financing*. 2024. Accessed: 12/11/2024. Available from: <https://www.gov.uk/government/collections/local-authority-revenue-expenditure-and-financing>
10. NHS Digital. *Cancer Survival in England, cancers diagnosed 2016 to 2020, followed up to 2021*. 2023. Accessed: 14/03/2025. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/cancer-survival-in-england/cancers-diagnosed-2016-to-2020-followed-up-to-2021>
11. NHS Digital. *Case-mix adjusted percentage of cancers diagnosed at stages 1 and 2 by sub-ICB in England, 2021*. 2023. Accessed: 26/01/2024. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/case-mix-adjusted-percentage-of-cancers-diagnosed-at-stages-1-and-2-in-england/2021>
12. Yorkshire Cancer Research. *Leeds Lung Health Check*. Accessed: 13/06/2024. Available from: <https://www.yorkshirecancerresearch.org.uk/research-story/leeds-lung-health-check>
13. Gabe R, Crosbie PAJ, Vulkan D, Bailey H, Baldwin DR, Bradley C, et al. *Prospective Evaluation of Lung Cancer Screening Eligibility Criteria and Lung Cancer Detection in the Yorkshire Lung Screening Trial*. *Journal of Thoracic Oncology*. 2025;20(4):425-36.
14. Network LCP. *Case study: England: Building an economic case for screening*. 2025. Accessed: 19/09/2025. Available from: <https://www.lungcancerpolycynetwork.com/app/uploads/Domain-3-Case-study-England-Building-an-economic-case-for-screening.pdf>
15. Audit NLC. *NLCA State of the Nation 2025*. 2025. Accessed: 14/04/2025. Available from: <https://www.lungcanceraudit.org.uk/reports-publications/nlca-state-of-the-nation-2025/>
16. National Disease Registration Service. *Rapid Cancer Registration Data dashboards*. 2025. Accessed: 03/03/2025. Available from: <https://digital.nhs.uk/ndrs/data/data-outputs/cancer-data-hub/rapid-cancer-registration-data-dashboards>

17. Department of Health and Social Care. *10 Year Health Plan for England*. 2025. Accessed: 08/07/2025. Available from: <https://assets.publishing.service.gov.uk/media/6866387fe6557c544c74db7a/fit-for-the-future-10-year-health-plan-for-england.pdf>
18. Rungay H, Shield K, Charvat H, Ferrari P, Sornpaisarn B, Obot I, et al. *Global burden of cancer in 2020 attributable to alcohol consumption: a population-based study*. The Lancet Oncology. 2021;22(8):1071-80.
19. NHS Digital. *Cancer Registrations Statistics, England 2021- First release, counts only*. 2023. Accessed: 16/11/2023. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/cancer-registration-statistics/england-2021---summary-counts-only>
20. Fingertips. *Alcohol Profile*. 2024. Accessed: 07/02/2024. Available from: <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>
21. Nuffield Trust. *Alcohol-related harm and drinking behaviour*. 2022. Accessed: 22/09/2025. Available from: <https://www.nuffieldtrust.org.uk/resource/alcohol-related-harm-and-drinking-behaviour-1#:~:text=How%20have%20alcohol%2Drelated%20admissions%20to%20hospital%20changed%20over%20time%3F&text=Alcohol%20misuse%20is%20estimated%20to,in%20the%20Government%27s%20Alcohol%20Strategy>
22. Fingertips. *Alcohol Profile*. 2024. Accessed: Available from: <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>
23. Digital N. *Hospital Admitted Patient Care Activity*. 2025. Accessed: 26/09/2025. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/hospital-admitted-patient-care-activity>
24. NHS England. *Health Survey for England, 2022 Part 1*. 2024. Accessed: 04/03/2025. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2022-part-1#top>
25. Public Health Scotland. *Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report*. 2023. Accessed: Available from: <https://publichealthscotland.scot/media/20366/evaluating-the-impact-of-minimum-unit-pricing-for-alcohol-in-scotland-final-report.pdf>
26. House of Commons Library. *The new alcohol duty system*. 2025. Accessed: 15/10/2025. Available from: <https://commonslibrary.parliament.uk/research-briefings/cbp-9765/>
27. Public Health England. *The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies: An evidence review*. 2016. Accessed: Available from: https://assets.publishing.service.gov.uk/media/5b6c5703ed915d3119112af6/alcohol_public_health_burden_evidence_review_update_2018.pdf
28. Wellcome Trust, National Institute for Health Research, The Academy of Medical Sciences, Medical Research Council, Arthritis Research UK. *Medical Research: What's it worth? A briefing on the economic benefits of musculoskeletal disease research in the UK*. 2018. Accessed: 13/07/2025. Available from: <https://acmedsci.ac.uk/file-download/54792223>
29. Sussex J, Feng Y, Mestre-Ferrandiz J, Pistollato M, Hafner M, Burridge P, et al. *Quantifying the economic impact of government and charity funding of medical research on private research and development funding in the United Kingdom*. BMC Medicine. 2016;14(1):32.
30. Glover M, Buxton M, Guthrie S, Hanney S, Pollitt A, Grant J. *Estimating the returns to UK publicly funded cancer-related research in terms of the net value of improved health outcomes*. BMC Medicine. 2014;12:99.
31. Frontier Economics. *Health and growth: How non-commercial clinical research benefits the UK*. 2025. Accessed: 18/09/2025. Available from: <https://www.amrc.org.uk/Handlers/Download.ashx?IDMF=fe77b7de-df87-4ae5-9413-b4f69bb16031>
32. Northern Health Science Alliance. *Health for Wealth: Building a Healthier Northern Powerhouse for UK Productivity*. 2018. Accessed: 16/04/2025. Available from: <https://www.thenhsa.co.uk/app/uploads/2018/11/NHSA-REPORT-FINAL.pdf>

33. HM Treasury. *Spending Review 2025*. 2025. Accessed: 19/09/2025. Available from: <https://www.gov.uk/government/publications/spending-review-2025-document/spending-review-2025-html#an-nhs-fit-for-the-future-opportunity-for-all-and-safer-streets>