

# The Spending Review

HM Treasury

Yorkshire Cancer Research response, June 2025

## Introduction

Yorkshire Cancer Research welcomes the 3.0% real terms increase in day-to-day spending for the NHS in England. Investment in NHS day-to-day budgets is essential, especially at a time where NHS capacity is struggling to meet demands. Since 2013/14 the number of urgent suspected cancer referrals has increased by 124%.<sup>1</sup> Yet there remains a high number of unfilled NHS cancer specialist positions, especially in certain areas of the country. For example, Yorkshire & the Humber has the second highest clinical oncologist vacancy rate in England, 1 in 9 positions are unfilled in our region. For radiologists, this is 1 in 10.<sup>2</sup>

The Charity also welcomes the 20% real terms increase in the Department of Health and Social Care's capital budget. This too is vital for improving cancer incomes. However, it is essential that the benefits of this increased capital expenditure are felt across the country. Currently, there are just three radiotherapy centres in Yorkshire serving over one million people each, requiring many to travel over an hour for treatment. Furthermore, in Yorkshire a larger proportion of people with cancer are treated with radiotherapy than nationally.<sup>3</sup> It is important that the announced capital expenditure is used to ensure that no matter where people live, they are able to access high-quality and varied treatment options. Capital expenditure within the NHS cannot all be condensed in certain areas. Otherwise, the burden of travelling to access prevention, diagnostic and treatment interventions persistently falls on the same people, exacerbating existing health inequalities.

Yorkshire Cancer Research welcomes the increased research and development spending and the establishment of the Health Data Research Service. As the Government increases research and development spending, the Charity supports the expansion of centres of research excellence to the areas of the greatest need, so that investment does not only consolidate in areas with existing capacity. Yorkshire currently receives 5% of health research funding yet represents 8% of the population.<sup>4</sup> A total of 63% of people in Yorkshire believe that health research funding should be distributed across the country according to population. A more balanced health research funding system can ensure that all people feel the health and economic benefits of innovative, world-leading research.

## Increasing NHS productivity

The Spending Review will provide funding to support the NHS to deliver productivity growth of 2% each year. Exercise based cancer prehabilitation and rehabilitation programmes can support the NHS in the delivery of increased productivity and the reduction of waiting times. The Yorkshire Cancer Research Active Together programme provides evidence-based exercise, nutrition and psychological support to people with cancer. The programme has supported nearly 2,000 people in communities across Yorkshire to manage and recover from their cancer treatment.

Research shows that participation in the service has resulted in reduced hospital stays for people undergoing cancer surgery. People with upper gastrointestinal cancer spent 0.54 fewer days in critical care and 0.23 fewer days in hospital than those who declined the service.<sup>5</sup> The Charity estimates that if the Active Together programme was rolled out to everyone in England with bowel, lung and upper gastrointestinal cancer, it would save an estimated 12,600 bed days every year for the NHS.

Cancer prehabilitation and rehabilitation would also result in significant cost savings for the NHS. The service delivered a net saving of £366.36 per patient to the NHS.<sup>5</sup> These savings only related to hospital stays post-surgery, with further long-term savings expected from reduced primary and social care costs and an earlier return to work.

## Sickness to prevention

Yorkshire Cancer Research supports measures announced as part of the strategic shift from sickness to prevention.

### Lung Screening

Yorkshire Cancer Research hopes that the generous uplift in funding for the NHS and the Department of Health and Social Care can contribute to the ongoing rollout of the National Lung Screening Programme and provide clarity on how this programme can be delivered within the promised timelines. Evidence from the Yorkshire Lung Screening Trial (YLST), funded by Yorkshire Cancer Research, contributed to the National Screening Committee's

recommendation for a national lung screening programme.<sup>6</sup> Of the lung cancers detected in the YLST, 80% were found at an early stage, rising to 88% in the trial's second round of screening. Cancers caught at an early stage are both easier and less expensive to treat. However, the National Lung Screening Programme has not received sufficient funding for the next year of rollout, cutting the number of people who can participate. For example, Humber and North Yorkshire Cancer Alliance, an area home to some of the most deprived communities in England, has 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. Without sufficient funding to hit planned trajectories, it is unclear whether the national lung screening programme can be rolled out everywhere by 2029. The Charity hopes the Spending Review settlement can help alleviate this issue.

## Tobacco

Yorkshire Cancer Research welcomes the £80 million annual investment for tobacco cessation programmes and enforcement of the Tobacco and Vapes Bill. However, whilst the Charity appreciates the inclusion of smoking cessation within the Spending Review, it is important to note that this is less than current spending. The Government should commit to continuing to fund existing services whilst improving the availability of smoking cessation services.

Investment in stop smoking services has shown to be highly cost-effective, saving £2.37 on treating smoking-related diseases and reduced productivity for every £1 invested.<sup>7</sup> Neither Yorkshire nor England are on track to meet the 5% smoking prevalence target by 2030.<sup>8, 9</sup> There is therefore a clear need for increased investment. To improve the availability and uptake of smoking cessation services, the Charity recommends that people who smoke are automatically enrolled into smoking cessation support across as many touchpoints within the NHS to help to achieve this goal. Evidence from various settings indicate that people are more likely to engage with smoking cessation services and subsequently quit, if they are presented as a comprehensive package alongside another medical appointment. For example, smoking cessation support should be integrated within lung cancer screening appointments, whilst waiting in A&E, within mental health appointments, when people have been urgently referred with suspected cancer symptoms and when people are awaiting or undergoing cancer treatment.

Yorkshire Cancer Research recommends that, in addition to the £80 million investment, revenue from a “polluter pays levy” on tobacco manufacturers is used to support tobacco

cessation services. This would cap tobacco manufacturer's profits at 10%, in line with the manufacturing average.<sup>10</sup> It is estimated that this could raise £700 million a year.

## **Excess body weight<sup>1</sup>**

Yorkshire Cancer Research welcomes the expansion of Free School Meals eligibility in England to all children with a parent receiving universal credit. With 30% of all school children's daily food intake happening at school, Free School Meals represent an opportunity to ensure that all children have at least one nutritious meal per day.<sup>11</sup>

Research shows that children and adolescents with obesity are approximately five times more likely to live with obesity in adulthood than children who are not.<sup>12</sup> Studies show that this relationship is influenced by the diet and physical activity habits formed in childhood.<sup>13</sup>

In adulthood, people who live with excess body weight are at an increased risk of at least 13 different types of cancer.<sup>14</sup> Ensuring that all children have access to healthy food choices from the earliest age is critical to ensuring that more people live longer, healthier lives, free from cancer.

## **Analogue to digital**

Yorkshire Cancer Research is fully supportive of the NHS's strategic shift from analogue to digital.

## **Patient data**

The Charity also welcomes the announcement of up to £10 billion in NHS technology and digital transformation by 2028-29, representing an almost 50% increase from the 2025-26 budget. As the digital transformation continues at pace within the NHS, it is critical that the opportunity is taken to increase access to anonymous patient data for academics who are undertaking vital research to improve the prevention, diagnosis and treatment of cancer.

## **NHS app**

Moreover, moving more care online via the NHS app could unlock precious NHS staff time and improve access to healthcare for a number of people, especially people living in rural areas who often cite travel times long travel times to accessing primary care as a barrier to

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<sup>1</sup> Excess body weight is defined as when a person's Body Mass Index is overweight and above. When excess body weight is used in this report, it refers to both overweight and obesity.

presentation with suspected cancer symptoms.<sup>15</sup> However, it is important that the NHS continues to provide offline options to people when accessing healthcare as moving too much care into the digital space could widen existing health inequalities. In Yorkshire, 10.0% of people have never used the internet or last used the internet over 3 months ago.<sup>16</sup> This is higher than the UK average of 7.8% and one of the highest rates in England. Internet use varies by age group. In the UK, 6.3% of adults of all ages have never used the internet compared to 38.8% of adults over 75. Differences are evident for people with disabilities: 14.9% of people defined as disabled under the Equality Act 2010 had never used the internet compared to just 3.4% of those who are not defined as disabled.

## Hospital to community

Yorkshire Cancer Research fully supports the strategic shift from hospital to community care.

### GP availability

Yorkshire Cancer Research is pleased to see the much-needed emphasis that the Government has placed on increasing the number of GPs through the additional funding by 2028-29 for the training of new GPs. As GPs are community based, they are often the first point of contact that people have with the health service when they have suspected cancer symptoms meaning they play a vital role in diagnosing cancers at an early stage. The Charity wants to ensure that this welcome funding for additional GPs is distributed so that the areas that need this the most, feel the benefit first. This should include areas with low rates of early diagnosis and areas which currently have the lowest numbers of GPs per patient. Within Yorkshire, there is significant variation in the number of GPs per patient, with some areas having some of the highest number of patients per GP in the country.<sup>17</sup> GPs in Kingston Upon Hull East care for 3,664 patients which is more than twice the number per head compared to Sheffield South East at 1,428.<sup>18</sup> Kingston Upon Hull East is the 20<sup>th</sup> most deprived constituency in England (of 543) and Sheffield South East the 122<sup>nd</sup>.<sup>19</sup>

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