Department of Health & Social Care

From Ashley Dalton MP
Parliamentary Under-Secretary of State
for Public Health and Prevention

39 Victoria Street
London
SW1H 0EU

PO-1640478

Lee Dibben
Policy and Education Manager
OUTpatients
By email to: lee@outpatients.org.uk

29 September 2025

Dear Lee,

Thank you for your correspondence of 10 September to Wes Streeting, co-signed by Ezra Johnson and a number of cancer organisations, about health inequalities and the national cancer plan.

Thank you for sharing your coalition's insights on the importance of tackling health inequalities. I am grateful for your commitment to ensuring that the voices and experiences of all people affected by cancer are represented and acted upon. I appreciate your concerns.

The Prime Minister's health mission sets the objective of building an NHS fit for the future, and an essential part of this is achieving our shared goal to reduce the number of lives lost to cancer. The national cancer plan will have patients at its heart and will cover referral and diagnosis to treatment and aftercare. Our goal is to improve the experience and outcomes for people with cancer and reduce the number of lives lost to cancer over the next ten years.

The national cancer plan will set out how we will:

- improve prevention and early diagnosis, with a focus on groups at greatest risk of late diagnosis;
- speed up diagnosis and treatment so that patients have timely access to care;
- ensure access to the latest treatments, technology and innovation, including clinical trials;
- better support people living with and beyond cancer; and
- deliver a fairer NHS by embedding action on inequalities at every stage of the pathway.

We recognise that addressing health inequalities is crucial to achieving these aims. That is why tackling health inequalities will be a core focus of the national cancer plan, with a clear commitment to reducing variation and improving outcomes for those groups who currently face worse experiences and survival rates.

As you are aware, we launched a call for evidence on 4 February, which closed on 29 April. We were encouraged to receive over 11,000 responses from individuals,

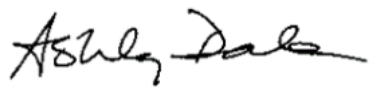
professionals and organisations, including many representing communities most affected by health inequalities. Alongside this, we have convened a significant number of external reference groups, bringing together a wide range of stakeholders, including cancer charities, clinicians, researchers and patient representatives, to help shape the content of the plan. This process has ensured that the voices of those working in and affected by cancer care have directly informed our priorities and recommendations.

Furthermore, from your engagement with the national cancer plan roundtable for health inequalities, you will be aware that reducing inequalities is a priority for the plan. The plan will look at targeted improvements needed across different cancer types to reduce disparities in cancer outcomes. This includes looking at protected characteristics, as well as inequalities related to socioeconomic status, ethnicity and geographic location.

We understand the importance of continuing this valuable work to reduce inequity in cancer care. We look forward to continuing our engagement with you and other members of the cancer community through the work on the national cancer plan in the coming months.

I hope this reply is helpful. I would be grateful if you could share it with your co-signatories.

Yours sincerely,



ASHLEY DALTON