

75% of people surviving cancer from 2035: How MSD can help us get there

MSD welcomes *The National Cancer Plan for England* (NCP) as a vital step in improving cancer care and outcomes.¹ The NCP is “*unapologetically bold*” in its ambition.¹

Success will mean that from 2035, 75% of people diagnosed with cancer will be cancer-free or living well after five years.¹ This will require cross-sector collaboration, which the NCP promises to undertake.¹ This briefing explains how MSD has the tools and expertise to help **translate the NCP from policy into practice.**

For nearly a century, MSD has been a part of the UK’s life sciences and healthcare ecosystems. As one of the largest investors in clinical trials in the UK, at any one time we conduct in the region of 150 clinical trials, that are comprised of up to 2,000 participants each year. We are proud to have over 40 active collaborative working agreements with the NHS.



Pathway: Accelerating time to treatment

Achieving 75% survival from 2035 relies on accelerating time to optimal treatment.¹ Today, people seeking cancer care experience delays at every stage of the pathway.² The target for 85% of people to begin cancer treatment within 62 days of an urgent referral has not been met since December 2015.² Every four-week delay in beginning treatment reduces survival by an average of 10%.³

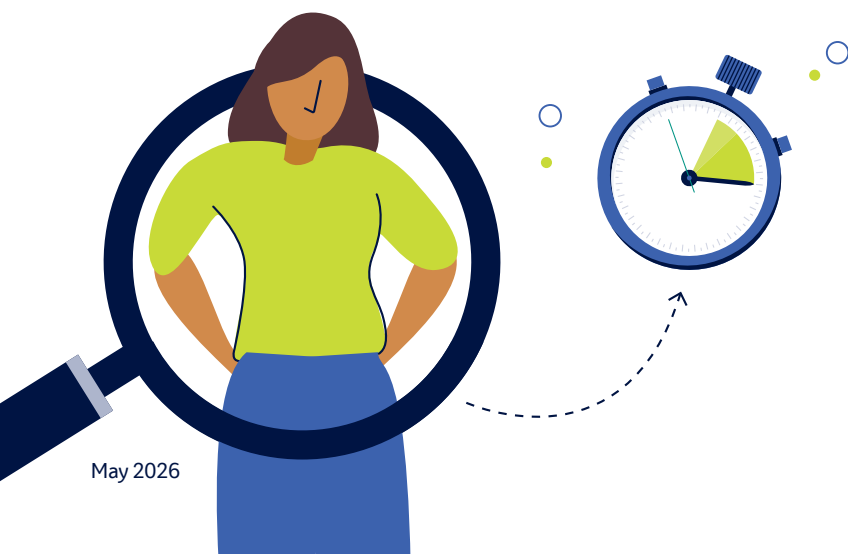
The NCP pledges to meet the 62-day target by the end of this Parliament.¹ This requires unlocking efficiencies across the patient pathway, starting with earlier and faster diagnosis. MSD is already supporting the NHS to identify new ways of working that can cut weeks from current diagnosis timelines. **Across the NHS, Trusts which have been working with MSD over recent years through joint and collaborative working projects in cancer care have either improved or maintained performance against the 62-day target, bucking the national trend.**⁴

CASE STUDY

Diagnosing lung cancer quicker to meet the 62-day treatment target⁵

MSD worked with Oxford University Hospital NHS Foundation Trust to design the Oxford Respiratory Early Diagnosis Service (REDS). A range of new interventions were implemented to diagnose or rule out lung cancer quicker, including: a ‘one stop shop’ with CT scans given the following day and results urgently reported to a radiologist; and same-day outpatient appointments. The impact of these interventions was significant:

- 15 days were saved on average from urgent referral to receiving lung cancer diagnosis
- 16 days were saved on average from chest X-ray to beginning cancer treatment
- The 62-day target was met
- 100% of patients reported satisfaction with the new pathway



Once a person receives a cancer diagnosis, their treatment is planned by a multidisciplinary team (MDT), comprised of healthcare professionals including oncologists, surgeons and nurses.⁶ MSD's 2025 review of MDTs found significant variation and inefficiencies in ways of working⁷ – backed up by the NCP's description of MDT meetings as “*unwieldy and rigid*”.¹ Not only does this delay time to treatment, it may also mean that patients aren't receiving optimal treatment for their cancer. The NCP's commitment to launch a review led by the Royal College of Radiologists (RCR) into MDT working, and publish new national guidance in 2027, is an opportunity to change this.¹ MSD is already working with MDTs on the ground to improve efficiency and build sustainable ways of working through our *MDT Optimisation Tool*.⁸

Scan the QR code to read
MSD's recommendations
on MDT working



Delivering the NCP: How MSD can help

MSD welcomes the actions in the NCP to accelerate time to optimal treatment – including earlier and faster diagnosis and treatment decisions – and stands ready to help.

62-day target: The Government and the NHS should:

- Roll out interventions nationally which have been proven to improve performance against the 62-day target (such as MSD's collaboration on Oxford REDS)
- Explore opportunities for new cross-sector partnerships to meet the 62-day target by 2029, including with MSD

MDT working: The RCR-led review of MDT working, and the subsequent national guidance, should incorporate MSD's real-world insights, including:

- Recommendations from MSD's review of MDT working – encompassing improving leadership, training, digitisation, inclusion of the patient voice, and evaluation processes
- Future learnings from MSD's recently launched *MDT Optimisation Tool*

Personalisation: Embracing innovation in cancer care

Achieving 75% survival from 2035 depends on embracing innovation in cancer care. Thanks to scientific advancements, we can study people's genes to learn more about their cancer, or their risk of developing cancer in the future.⁹ We can then use this information to offer truly personalised treatment that maximises their chances of survival.⁹ But the science is just the first step – the NHS must ensure that people can benefit from these innovations in practice.

For example, the rise of personalised medicines requires a parallel rise in *companion diagnostics* – tests which can detect specific genes or biomarkers to match people to the optimal treatment for them.¹⁰ However, testing turnaround times remain slow and inconsistent across the country, with 85% of healthcare professionals reporting that barriers in the testing pathway are impacting their ability to prescribe timely treatment.¹¹ MSD is working with the Royal College of Pathologists and other leading voices to accelerate timelines and improve efficiency.

CASE STUDY

Streamlining testing to accelerate time to treatment¹²

MSD worked with South Yorkshire and Bassetlaw Cancer Alliance to streamline testing for a variety of cancer types, including breast, lung, and head and neck cancer. Interventions included encouraging collaboration between previously siloed laboratories, consolidating testing services, and piloting a next-generation sequencing (NGS) testing service for lung cancer. Key successes included:

- Performance against the 62-day time to treatment target improved from 63% to 67% for lung cancer, and 74% to 78% for breast cancer
- 12 days were saved in the pathway through the NGS testing pilot



The NCP makes important commitments to ensure that people receive the optimal treatment for them, including: extend genetic and biomarker testing to more cancer types; ensure that everyone who could benefit from a genomic test gets one in a clinically relevant timeframe; and condense reporting timelines to 10 days.¹ But it's not enough to accelerate timelines and expand access to the innovations of today. We also need to look ahead. The Government must prepare the system for the testing and treatment innovations of tomorrow.



Delivering the NCP: How MSD can help

MSD believes we have an opportunity to put the UK at the forefront of innovation as cancer diagnosis and treatment evolves to become more personalised.

Testing: The Government and the NHS should:

- Improve testing turnaround times, taking forward learnings from MSD's NHS collaborations
- Clarify plans and timelines to expand access to biomarker testing
- Regularly publish performance data by region to monitor progress
- Embed companion diagnostics in horizon scanning efforts, as well as medicines

Access: The Government and the NHS should:

- Partner with industry ahead of time to ensure the NHS has the capacity and tools to roll out future innovations at pace
- Collaborate with industry on clinical trial delivery in the UK, including removing barriers to participation for under-represented groups
- Explore value-based partnerships with industry to secure access to new innovations

Progress: Utilising data and embedding accountability

Achieving 75% survival from 2035 will require system-wide participation and accountability at every level. The NCP has given us a national vision, but we now need to implement its commitments and ensure their longevity.

Data will be a vital tool in driving and monitoring progress, but currently cancer data is fragmented and patchy. The NCP rightly pledges to publish more granular and transparent data to enable services to improve the quality of care they provide even as demand grows.¹



CASE STUDY

Modelling current and future demand on cancer services¹²

MSD worked with Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer Alliance to manage demand for systemic anti-cancer treatment (SACT). MSD's *Capacity Insights Tool* was used to model current and future service needs and identify opportunities to optimise delivery – which included shifting activity to mobile cancer units to ease pressure on day units and improving the efficiency of appointments. Key successes included:

- Performance against the 31-day target (96% of patients to begin treatment within 31 days of a decision to treat) continued to be exceeded despite increased patient numbers
- Approximately 13,114 patient lives positively impacted

Beyond data, MSD welcomes the ways in which the NCP promotes leadership and accountability at every level – including reforming the National Cancer Board, strengthening the role of Cancer Alliances, and assigning a dedicated cancer lead within every NHS Trust and Integrated Care Board (ICB).¹ Cancer manuals, setting out quality standards for individual tumour types, will be a key tool to ensure progress is equitable across different cancers.¹



Delivering the NCP: How MSD can help

MSD is already a proven collaborative partner to the NHS and we are committed to playing our part to drive progress against the NCP over the next decade.

Cancer manuals: The Government and the NHS should:

- Ensure cancer manuals are developed in consultation and partnership with the cancer community. MSD stands ready to share our insights on how to accelerate the patient pathway for cancer types including lung, breast, gynaecological and blood cancer

Data: The Government and the NHS should:

- Improve the timeliness, granularity and interoperability of cancer data, to enable the NHS to make real-time adjustments to service provision and patient experience, as well as to plan proactively for future demand and advances in testing and treatment

MSD believes that the NCP must be powered by partnership and stands ready to support the Government, the NHS and the cancer community to deliver world class cancer care. To discuss this briefing in more detail or to learn more about MSD's work in the UK, please contact oncologyexternalaf@msd.com.

REFERENCES

(All accessed May 2026)

- 1 Department for Health and Social Care and the NHS. [The National Cancer Plan for England: delivering world class cancer care](https://assets.publishing.service.gov.uk/media/699ec931532c9ad91ebbcc64/national-cancer-plan-for-england-delivering-world-class-cancer-care.pdf). 2026.
- 2 Cancer Research UK. [Cancer waiting times: Latest updates and analysis](https://news.cancerresearchuk.org/2025/02/13/cancer-waiting-times-latest-updates-and-analysis/). 2025.
- 3 BMJ Group. [Every month delayed in cancer treatment can raise risk of death by around 10%](https://bmjgroup.com/every-month-delayed-in-cancer-treatment-can-raise-risk-of-death-by-around-10/). 2020.
- 4 NHS England. [CWT CRS – National Time Series Oct 2009 – Jan 2026 with Revisions](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2026/03/CWT-CRS-National-Time-Series-Oct-2009-Jan-2026-with-Revisions.xlsx). 2026.
- 5 MSD. [Oxford Respiratory Early Diagnosis Service \(REDS\)](https://www.msdenengage.co.uk/how-we-have-helped/oxford-respiratory-early-diagnosis-service-reds/). 2023.
- 6 Macmillan Cancer Support. [Multidisciplinary team \(MDT\)](https://www.macmillan.org.uk/cancer-information-and-support/treatment/your-treatment-options/your-multidisciplinary-team-mdt). 2023.
- 7 MSD UK. [Improving cancer patient outcomes through collaboration: Enhancing multidisciplinary team \(MDT\) meetings](https://www.msdenengage.co.uk/wp-content/uploads/sites/378/2025/04/MSD-Multidisciplinary-Team-White-Paper-2025-_FINAL-Digital-Report_.pdf). 2025.
- 8 MSD UK. [Improving your workflow with MSD's Multidisciplinary Team \(MDT\) Optimisation Tool](https://www.msdenengage.co.uk/wp-content/uploads/sites/378/2026/01/MDT-Optimisation-Tool-Leave-piece-July-2025-4.pdf). 2025.
- 9 Cancer Research UK. [Personalised medicine](https://www.cancerresearchuk.org/about-cancer/treatment/personalised-medicine). 2026.
- 10 ISPOR. [A Review of Precision Medicine, Companion Diagnostics, and the Challenges Surrounding Targeted Therapy](https://www.ispor.org/docs/default-source/publications/value-outcomes-spotlight/july-august-2019/feature---precision-medicine.pdf?sfvrsn=7ea533e5_0). 2019.
- 11 D Bell et al. [Access to treatment-guiding biomarkers in the UK: surveys of cancer patients and healthcare professionals](https://pmc.ncbi.nlm.nih.gov/articles/PMC12344809/). Vol.21(20). 2025.
- 12 MSD UK. [Collaborative working](https://www.msd-uk.com/partnerships/collaborative-working/). 2025.