



Fresh and Balance response to [Shaping the national cancer plan - GOV.UK](#)
29th April 2025

Prevention and awareness

Question

Which cancer risk factors should the government and the NHS focus on to improve prevention? (Select the 3 most important risk factors)

- Alcohol
- Tobacco
- Obesity
- Physical inactivity
- UV radiation
- Air pollution
- I don't know
- Other (please specify)

Please explain your answer. (Do not include any personal information in your response. Maximum 500 words.)

[Fresh and Balance](#) is the tobacco and alcohol denormalization programme in the North East of England, jointly commissioned by local authorities and the North East and North Cumbria Integrated Care Board.

Tobacco and alcohol use are leading causes of preventable cancer as we explain throughout this response. We deliver a multi-strand programme at national, regional and local levels to reduce alcohol harm and make smoking history.

We deliver insight-led, evidence-based awareness campaigns: [Smoking Survivors](#) tells the story of real people who have experienced cancer from smoking and the positive impact they have felt since quitting; [Alcohol is Toxic](#) raises awareness that, like tobacco, alcohol is a group one carcinogen. Nationally, the NHS and the government need to increase their focus on prevention and awareness and invest in the delivery of media campaigns to encourage behaviour change.

We are calling for comprehensive, national, evidence-based plans for both tobacco and alcohol. While the proposals contained in the Tobacco and Vapes Bill are welcome, there is much more that can be done to prevent tobacco-related harm. To reflect this, Fresh with our ICB and the Association of Directors of Public Health North East have developed the first regional [declaration for a smokefree future](#), recognising that:

“A smokefree future, free of the death and disease from tobacco, is needed, wanted and workable. This would improve the health and wealth of our region’s most disadvantaged communities more than any other measure.”

For alcohol, Balance has developed a [blueprint for national action on alcohol harm](#), endorsed by Directors of Public Health, the ICB and Police and Crime Commissioners, which contains a series of urgent recommendations for government:

1. Commit to the introduction of an evidence-based national alcohol strategy for England, free from alcohol industry influence.

2. Take steps to raise awareness of alcohol harms, via the delivery of public education campaigns such as Balance's 'Alcohol is Toxic' campaign, the introduction of mandatory health warnings and nutritional / unit / calories information on alcohol labels.
3. Introduce pricing policies which improve public health and protect the public purse, including a minimum unit price for alcohol in England and a fairer alcohol duty system which keeps pace with inflation.
4. Introduce restrictions on alcohol marketing to protect children and vulnerable people.
5. Introduce a 'public health objective' in England and Wales and consideration of a wider overhaul of the Licensing Act.
6. Invest in prevention and early intervention and improving access to specialist support for at-risk drinkers.
7. Ensure that the alcohol industry is prohibited from involvement in the development of public policy around alcohol.

Evidence-based action at a national level would have a significant impact on prevention and awareness of two of the leading causes of preventable cancer in England.

Through our national partners at Action on Smoking and Health and the Alcohol Health Alliance we also work closely with the Obesity Health Alliance hence we have identified obesity as the third most important risk factor for the government and the NHS to focus on. (498 words)

Early diagnosis

Question

What actions should the government and the NHS take to help diagnose cancer at an earlier stage? (Select the 3 actions that would have the most impact)

- **Improve symptom awareness, address barriers to seeking help and encourage a timely response to symptoms**
- **Support timely and effective referrals from primary care (for example, GPs)**
- **Make improvements to existing cancer screening programmes, including increasing uptake**
- **Increase diagnostic test access and capacity**
- **Develop and expand interventions targeted at people most at risk of developing certain cancers**
- **Increase support for research and innovation**
- **I don't know**
- **Other (please specify)**

Please explain your answer. (Do not include any personal information in your response. Maximum 500 words.)

Our response to this call for evidence is in the context that our partnership with the NHS is vital. In the North East, we have a Smokefree NHS Taskforce which is a multi-agency group with an extensive track record of strategic delivery with partners including Fresh. Its main priorities are around embedding Tobacco Dependency Treatment as a core clinical practice for every healthcare professional and supporting the NHS to prioritise prevention.

However it is important to note concerns that Tobacco Dependency Treatment Services (TDTs) are not yet viewed a part of clinical mainstream and the announcements around NHSE and cuts to ICBs could seriously risk the progress made over the last three years. The TDTs are a clear tangible way for NHS to address health inequalities and they represent an excellent return on investment and bed days saved, but without clear national priority setting for them, there is a real risk they will disappear.

From an alcohol point of view, we work closely with the NENC ICB strategic lead for alcohol to support a collaborative approach on alcohol issues.

We have chosen the options above for a number of reasons. First, because of our experience in delivering awareness raising campaigns in the North East of England for both tobacco and alcohol.

Our campaigns – in particular Smoking Survivors and Alcohol is Toxic – highlight the links between tobacco, alcohol and cancer because we believe that consumers have a right to know these risks. Alcohol causes at least seven different types of cancer, tobacco at least 16, and in the absence of national action to raise awareness, Fresh and Balance are filling an awareness gap that exists among many people who either do not know or vastly underestimate the risks. We recommend that the government invests in national awareness raising campaigns to increase knowledge and understanding which in turn will support progress towards national aims of early diagnosis.

Second, while the overall priority needs to be securing the appropriate regulatory framework at national level to support prevention and address policy areas such as price, promotion and availability, there is a vital role to play for the NHS to identify those most at risk and to deliver interventions as needed, the most important being smoking cessation support and support to reduce alcohol consumption. (379 words)

Treatment Question

What actions should the government and the NHS take to improve access to cancer services and the quality of cancer treatment that patients receive? (Select the 3 actions that would have the most impact)

- **Increase treatment capacity (including workforce)**
- **Review and update treatment and management guidelines to improve pathways (processes of care) and efficiency**
- **Improve the flow and use of data to identify and address inconsistencies in care**
- **Improve treatment spaces and wards, including facilities available to carers**
- **Improve communication with patients, ensuring they have all the information they need**
- **Increase the availability of physical and mental health interventions before and during cancer treatment**
- **Increase the use of genomic (genetic) testing and other ways of supporting personalised treatment**
- **I don't know**
- **Other (please specify)**

Please explain your answer. (Do not include any personal information in your response. Maximum 500 words.)

Quitting smoking and reducing alcohol use can play in improving outcomes and reducing the chances of cancer recurring.

Focusing on tobacco, we want to highlight the [story of a North East resident](#) who, at aged 73, was diagnosed with lung cancer. Alfie Thompson from Gateshead had smoked since he was 15. A scan led to the discovery of a small mass on his lung and when doctors confirmed it was cancer, Alfie was urged to quit smoking immediately. He was introduced to Gateshead's Tobacco Dependency Treatment Service and with their help, switched over completely from tobacco to a nicotine vape.

Despite initially thinking he wasn't capable of quitting, Alfie now says the results were life-changing – he has more energy, he looks and feels younger, he's saving money and his chest tightness has disappeared. Although Alfie is still awaiting his final radiotherapy results,

he is already feeling the benefits and has a powerful message for others who are still smoking:

“Stop – or at least keep trying to quit. Smoking ruins your health and ages you prematurely. I never thought I could quit, but I did. If I can do it after almost 60 years, so can you. Quitting could save your life.”

From an alcohol point of view, we believe that patients have the right to know about the links between alcohol and cancer, and that there is a significant role for healthcare providers to do more around this topic. Our research shows that just one in three people in the North East know that alcohol causes cancer, despite it causing seven types of the disease including breast, bowel mouth and throat cancer, and our [‘Alcohol is Toxic’](#) campaign encourages people to cut down to reduce their risk.

Up to 1,640 men and 1580 women are diagnosed every two years in the North East with a cancer potentially related with alcohol, with the two most common being bowel and breast cancers.

In the North East, a breast cancer patient has joined Balance in encouraging people to cut down on alcohol. [Sheridan Dixon, 62, from Jarrow](#) was diagnosed in August 2024. She said:

“After my diagnosis, I started reading about the connections between alcohol and breast cancer, which made me realise I needed to do everything possible including cutting down on alcohol to stay fit and healthy to prevent the cancer from coming back. I already knew having a good diet and maintaining a healthy weight were important as well.

“I was shocked when I realised that any doctor would have considered me to have been a binge drinker. I could easily go without alcohol during the week, but when meeting friends, I’d sometimes drink a bottle of wine, over a meal or going from pub to pub.

“Before, I never really thought much about the cancer risk but it’s been proven that cutting down on alcohol can reduce the risk of breast cancer and, for me, lower the chances of it coming back.” (492 words)

Living with and beyond cancer

Question

What can the government and the NHS do to improve the support that people diagnosed with cancer, treated for cancer, and living with and beyond cancer receive? (Select the 3 actions that would have the most impact)

- Provide more comprehensive, integrated and personalised support after an individual receives a cancer diagnosis and (if applicable) after treatment
- Improve the emotional, mental health and practical support for patients, as well as their partners, family members, children and carers
- Offer targeted support for specific groups, such as ethnic minority cancer patients, children and bereaved relatives
- Increase the number and availability of cancer co-ordinators, clinical nurse specialists and other staff who support patients
- Increase the support to hospice services and charities who provide care and support for patients
- Improve access to high-quality, supportive palliative and end-of-life care for patients with incurable cancer
- I don’t know
- Other (please specify)

Please explain your answer. (Do not include any personal information in your response. Maximum 500 words.)

All of the above options are vital in terms of supporting people diagnosed with cancer, treated for cancer and living with and beyond cancer.

We would also highlight that the single biggest area of focus for the government and the NHS should be to support those who smoke to quit and to support those who drink to reduce their alcohol consumption. This also needs to include the families of those with cancer. This not only will improve recovery for the patient and reduce the risk of the cancer recurring but also prevent future cases of cancer in the wider community.

Caroline Tweedie is a Living with Cancer Clinical Lead Practitioner and Professional Nurse Advocate with South Tyneside and Sunderland NHS Foundation Trust. To support people's right to know about the links between alcohol and cancer, she said:

"When it comes to breast cancer risk there are factors we can't control, like age and genetics. But I think a lot of women will be shocked by the fact nearly 1 in 10 cases that we see is linked to alcohol intake.

"People never forget those words "you have cancer". Lives just implode. I do think that if more women knew the risks around alcohol and cancer, they wouldn't have that peer pressure to drink. It's extremely difficult to say I'm not having that extra drink.

"I think if more women knew about breast cancer risk, we would support one another to drink that bit less and say it's alright if you don't want to have another drink."

Also important in this context is for the NHS and government to recognise the commercial determinants of health and the fact that tobacco, alcohol and unhealthy food and drink industries hold back progress in improving health. As the report [Killer Tactics](#) outlines, industries will often claim that action only needs to be taken to address the harms from those who 'over consume' their products but the impact of harms from tobacco, alcohol and unhealthy food and drink are far-reaching across society, extending beyond the person consuming the products and affecting loved ones, families and whole communities.

The poor health caused and exacerbated by consumption of tobacco, alcohol and unhealthy food and drink is responsible for the majority of premature death in the United Kingdom. They contribute to a wide range of chronic diseases, including cancers, type 2 diabetes, cardiovascular disease, and dementia, as well as having significant mental health impacts, which is why this needs to be dealt with as a priority within the national cancer plan. (423 words)

Research and innovation

Question

How can the government and the NHS maximise the impact of data, research and innovation regarding cancer and cancer services? (Select the 3 actions that would have the most impact)

- **Improve the data available to conduct research**
- **Improve patient access to clinical trials**
- **Increase research into early diagnosis**
- **Increase research into innovative treatments**
- **Increase research on rarer and less common cancers**
- **Speed up the adoption of innovative diagnostics and treatments into the NHS**
- **I don't know**
- **Other (please specify)**

Please explain your answer. (Do not include any personal information in your response. Maximum 500 words.)

All of the above options are vital in terms of maximising the impact of data, research and innovation.

We would also add that improving the ease with which data is shared across partner organisations is instrumental. A framework for patient level data sharing between organisations, e.g. local authorities, NHS Trusts, primary care and national bodies, e.g. NHS Digital, would provide the foundations for better integration of health and social care data.

For example, from a tobacco perspective in the North East, our Smokefree NHS pilot for patients with Severe Mental Illness involved the sharing of data between primary care and local authority stop smoking services with an additional requirement for patient level data to be submitted from the local authority to NHS Digital.

Improving data flows would enable the timely delivery of interventions to priority cohorts and improve cancer outcomes.

In terms of innovation, the NHS needs to recognise the [evidence-based role of certain products in improving health outcomes](#), for example the role of nicotine vapes for smoking cessation. While they are not risk free and children and non-smokers should not vape, they are a fraction of the risks of smoking and are proven effective in helping smokers to quit.

From the point of view of technology and the delivery of services, we recognise the role that digital services such as apps can play within the context of behaviour change. Our experience from the NENC is that when promoted appropriately, apps can complement existing traditional services and in some instances provide sufficient evidence based behavioural support. (256 words)

Inequalities

Question

In which of these areas could the government have the most impact in reducing inequalities in incidence (cases of cancer diagnosed in a specific population) and outcomes of cancer across England? (Select the 3 actions that would have the most impact)

- **Improving prevention and reducing the risk of cancer**
- **Raising awareness of the signs and symptoms of cancer, reducing barriers and supporting timely response to symptoms**
- **Reducing inequalities in cancer screening uptake**
- **Improving earlier diagnosis of cancers across all groups**
- **Improving the access to and quality of cancer treatment**
- **Improving and achieving a more consistent experience across cancer referral, diagnosis, treatment and beyond**
- **Improving the aftercare support for cancer patients**
- **I don't know**
- **Other (please specify)**

Please explain your answer. (Do not include any personal information in your response. Maximum 500 words.)

The options we have chosen here are because tobacco and alcohol use are not only leading causes of preventable cancer but also leading causes of health inequalities with the most deprived communities facing the worst health outcomes.

The single biggest thing that the government can do to reduce inequalities in incidence and outcomes of cancer across England is to focus on prevention by reducing the number of people who smoke and the number of people who drink alcohol.

It can do this by supporting public health interventions to reduce higher cancer incidence in specific communities, including targeted interventions to reduce inequalities in alcohol and tobacco use and sustainable funding for services, backed up by comprehensive and evidence based national plans for both tobacco and alcohol.

From a broader point of view, the NHS and wider government need to prioritise addressing the commercial determinants of health and the impact of industries that cause harm to communities, as outlined earlier. Killer Tactics outlines that socially disadvantaged groups and people who have pre-existing health conditions suffer more harms, for example, tobacco is responsible for up to half the difference in life expectancy between the highest and lowest socioeconomic groups and deaths caused by alcohol are more than twice as high in the most disadvantaged areas of England than in the least disadvantaged areas. The risk of poor health increases when people use more than one product, such as combining tobacco and/or alcohol and unhealthy food and drink. (244 words).

Priorities for the national cancer plan

Question

What are the most important priorities that the national cancer plan should address? (Select the 3 most important priorities)

- **Prevention and reducing the risk of cancer**
 - Raising awareness of the signs and symptoms of cancer
 - Earlier diagnosis of cancer
 - Improving the access to and quality of cancer treatment, including meeting the cancer waiting time standards
 - Improving patient experience across cancer referral, diagnosis, treatment and beyond
 - Improving the aftercare support for cancer patients
- **Reducing inequalities in cancer incidence, diagnosis and treatment**
- Other (please specify)

Please explain your answer. (Do not include any personal information in your response. Maximum 500 words.)

As outlined throughout this response, prevention must be key for the NHS and for government, with a key focus on tobacco and alcohol as leading causes of preventable cancer. Similarly, tobacco and alcohol use are leading causes of health inequalities therefore addressing use will have a significant impact on reducing inequalities in cancer incidence, diagnosis and treatment.

From an alcohol perspective, latest figures show:

- Nearly 500 deaths from cancer as a result of alcohol in 2019 in the North East.
- Up to 1,640 men every two years diagnosed with an alcohol-related cancer in the North East. The most common cancer for men with known associations with alcohol is bowel cancer.
- Up to 1,580 women every two years diagnosed with an alcohol-related cancer in the North East. The most common cancer for women with known associations with alcohol is breast cancer.
- Alcohol is estimated to have caused around 740,000 new cases of cancer a year globally and 17,000 in the UK in 2020.

We are therefore particularly keen for the Government to launch an independent review of alcohol harms and to prioritise action which reduces the affordability, promotion and

availability of alcohol, alongside other prevention interventions, such as awareness raising campaigns and mandatory alcohol labelling. Specific interventions can have an almost immediate impact – for example, alcohol duty is a one of the most effective and cost-effective levers for reducing harms. By doubling alcohol duty, the UK could avoid more than 11% of new cancer cases and 11% of deaths.

Similarly, more tactical interventions, such as mandatory labelling, can have a positive impact. A recent systematic review found that alcohol container labels with health messages, standard drink information and drink limit guidelines have been found to improve consumer knowledge of the label information, to be well supported by the public, and to have potential to decrease intentions to purchase or consume alcohol and actual alcohol consumption.

We support the response from the World Cancer Research Fund which, recognises that, with cancer cases in the UK projected to continue rising and preventable cancers costing the NHS £3.7bn in 2023, England's National Cancer Plan must prioritise prevention.

We would be very happy to discuss any element of this consultation response with you. (368 words)