Thank you.

It's an honour to be here today and to be addressing my first Britain Against Cancer conference.

I want to start by paying tribute to all of you in this room and the extraordinary work you do to support the millions of people across our country whose lives are affected by cancer.

Thank you for the care you provide and your tireless campaigning for better services.

Thank you too to the All-Party Group on Cancer and, in particular, to its chair John Baron.

John and I might sit on opposite sides of the Commons, we might have voted in different lobbies last week, but on this issue we are united.

Cancer must remain at the top of the political agenda.

***

Now, some of you may have noticed that these are changing times in politics.

My party has elected a new Leader who is right to say we need to do our politics differently.

We will be a strong and robust opposition that holds Government to account when they are doing wrong but we won't be afraid to say when they are doing right.

Five months ago the Cancer Taskforce published its strategy for transforming cancer care in England.

It lays out a clear roadmap for how we can build on the improvements in cancer outcomes seen over the past decade.

I congratulate Harpal Kumar and his team on all the work that went into its development.

Can I also welcome Cally Palmer's appointment as the new NHS Director of Cancer?

Labour supports the strategy and I welcome the Government's initial backing for it.

But what we need now is for warm words to be translated into a cold, hard action plan.

My job, as the Shadow Health Secretary, is to ask the right questions, and to work on your behalf to make sure that promises made to you are delivered and that gaps are exposed and addressed.

I want to focus my comments today on the theme of this conference – implementing the cancer strategy over the next five years - but I want to begin by turning our minds back to the last five.
Between 2009/10 and 2012/13 £800m was cut from cancer spending.

Waiting times for key diagnostic tests have increased dramatically.

And the cancer treatment target - a target that exists to ensure swift access to treatment - has been continually missed. So much so, failure to meet this standard has become the norm.

For a country that aspires to be the best in the world, it's not good enough.

And if we don't do something to address this marked decline in standards then we will be failing cancer patients across the country.

The publication of the Cancer Strategy this year is an opportunity which mustn't be squandered.

And we should be honest: implementing the cancer strategy will have a price tag attached to it.

Almost everyone I have spoken to since taking on this job has warned me about the state of NHS finances.

Hospital bosses tell me how this winter they are facing a stark choice between keeping a grip of their finances and delivering safe care.

Nurses warn that they are overstretched and understaffed.

Junior doctors have spent the last two months saying they can't give any more.

GPs say they are struggling to deliver high quality care.

And Council chief executives tell me they’ve got nothing left to cut.

Sadly, things seem set to get worse.

This decade is likely to be marked by the longest and deepest squeeze on NHS finances in a generation.

The £22bn worth of “efficiency savings” that Ministers are asking for are wildly optimistic.

And despite George Osborne’s promise of extra money to the NHS, because of cuts to other health budgets, public spending on health is set to fall from 7.3% of the country’s wealth to 6.7% by 2020.

The spending review may have sounded good in the pre-briefing but the reality means that large swathes of the Department of Health’s budget are being cut.

Staff training. Public health. The Care Quality Commission. NICE.

These budgets are being cut for NHS England.
It’s robbing Peter to pay Paul – or perhaps we should say robbing Jeremy to pay Simon!

Capital budgets are being raided too.

Now, capital budgets might sound like Whitehall jargon, but for cancer services you will know it means investment in new equipment and diagnostic machines.

According to Labour’s own analysis, the Government’s failure to invest in radiotherapy services has left 1 in 5 machines more than 10 years old and in urgent need of replacing.

Radiotherapy is not a nice to have. It’s an essential element of high quality cancer care which is now at risk because of decisions made in the spending review.

---

The truth is the best way of tackling cancer is to prevent it occurring in the first place.

Good progress has been made in reducing smoking rates, and I’m incredibly proud of Labour’s record in this area.

In Government, we banned smoking in public places. In opposition, we fought alongside you to ban smoking in cars with children.

And I’d like to pay tribute to Lord Hunt and Luciana Berger, who were both so instrumental in this fight.

Previous governments of all political persuasions must hold their hands up and admit to not always doing enough to tackle obesity or alcohol abuse – both major causes of cancer.

If we want to be serious about tackling cancer before its diagnosis, then we cannot afford to repeat the mistakes of the past.

Yet action on prevention will be made harder by the brutal cuts which have already occurred in public health budgets, with more due to come.

The Five Year Forward View said we needed a radical upgrade in prevention and public health.

I agree.

But rather than a radical upgrade, we’re taking a massive step back.

£200 million has been taken out of this year’s public health budgets. And, at the spending review, the Chancellor announced further real terms cuts of £138 million each year for the remainder of the Parliament.

This is the worst possible kind of short-termism.

In the absence of resources to invest in prevention, the Secretary of State needs to set out how he intends to support the NHS and local authorities in reducing obesity and alcohol abuse.

I also want guarantees that cuts to central public health budgets will not put at risk the future of the Be Clear on Cancer campaigns.
You know as well as I do that early diagnosis requires improved public awareness and motivation to seek help for signs and symptoms.

It needs a system where people don’t put off going to their GP when they think that something could be wrong – meaning that the first time cancer is diagnosed is when they turn up in A&E.

It would be completely counterproductive to cut awareness and education programmes just at a time when the NHS should be redoubling its efforts.

***

Earlier diagnosis is critical but if we want to have the very best outcomes, we need to ensure the NHS is a world leader when it comes to the very latest technologies and treatments.

We have a proud record in the cutting edge world of personalised medicine and precision oncology, but we must do more to ensure patients have access to them.

We need to learn from the 3 cancer vanguards announced by Simon Stevens and we must preserve the UK’s status as a world leader when it comes to cancer research.

Participation in clinical trials has increased dramatically over the last 15 years.

We must be careful not to do anything that could reduce participation.

That means being wary of proposed changes to legislation around innovation, and also implementing, in full, the key recommendations in the cancer strategy.

In particular, we must ensure that excess treatment costs continue to be funded, that the new EU Clinical Trial Regulations are implemented to reduce the time it takes to get studies set up, and that research is viewed as a core responsibility for everyone working in the health service.

***

Good healthcare is nothing though if it ignores the people who matter the most: patients.

The cancer patient experience survey has been an instrumental tool in shining a light on poor care.

Although we have seen some improvements in recent years, we cannot afford to be complacent.

Four in five cancer patients still aren’t being offered a written assessment or care plan.

One in five say they felt like they were being treated as a set of symptoms rather than being recognised as a person.

And in London, a city with some of the best hospitals in the world, cancer patients report some of worst experiences of care in the entire country.

This is unacceptable.

And it is why the Taskforce’s commitment to parity of esteem between clinical outcomes and patient experience and quality of life should be welcomed.
We now need to see rapid progress on new measures for patient experience and quality of life.

We shouldn’t just be interested in the experience of people in hospitals, but in the experience of people living with and beyond cancer too.

Rest assured, the Opposition will not let this aspect of the Taskforce report be forgotten.

***

Let me end by returning to my role as Labour’s shadow health secretary.

In addition to holding the Government to account today, it’s my job to develop a credible alternative to this Government’s broader agenda on health and care.

I don’t claim to have all the answers and you would be right to be mistrustful of anyone who makes that claim after being in the job for less than three months.

So over the coming months and years I want to listen and learn from the experts, from patients, from the people in this room, about what that alternative should look like.

The NHS is going to look very different in five years’ time, which is why I am going to need your help to develop the ideas for what a Labour government in 2020 can achieve.

But if a week is a long time in politics – and last week certainly felt that way – five years is a lifetime.

This is the start of an important journey for both of us.

Our vision and objectives are shared.

An upgrade in prevention.

Earlier diagnosis.

Experience on a par with clinical outcomes.

Helping people to live with and beyond cancer.

Investment in new technologies.

Tackling variation.

But now we need action.

I will not waver in my determination to ensure our shared goals are achieved.

And I will not allow Ministers to do so either.

Thank you for listening. I look forward to working with you all.