



Department
of Health &
Social Care

*From Maria Caulfield MP
Parliamentary Under Secretary of State
Department of Health & Social Care*

*39 Victoria Street
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16 June 2023

Dear Mr George,

I hope you are well. I am writing in response to your letter dated 17 May on the Inquiry into gynaecological cancers. I am pleased to update you on our work in this area and provide responses to your questions on women's health hubs. Please find the updates below.

Ambitions on cancer as part of the Women's Health Strategy for England

Last Summer, we published the [Women's Health Strategy for England](#), which sets out our 10-year ambitions for boosting the health and wellbeing of women and girls, and for improving how the health and care system listens to all women. We have appointed Professor Dame Lesley Regan as the Women's Health Ambassador for England to work with us to raise awareness of women's health issues, including gynaecological cancers, and to support implementation of the strategy.

In the call for evidence public survey, gynaecological cancers were the seventh most popular topic selected for inclusion in the strategy. Only 14% of respondents felt they had enough information on gynaecological cancers, and this dropped to 5% of respondents aged 16 to 17, and 7% of respondents aged 18 to 19 and 20 to 25. Cancer is a priority chapter in the strategy.

Current work to improve prevention, diagnosis and care for gynaecological cancers

Improving the diagnosis and treatment of cancer, including gynaecological cancer, is a priority for the government and the NHS. One of the core ambitions of the NHS Long Term Plan is to diagnose 75% of cancers at stage 1 or 2 by 2028, and to ensure that by 2028, an additional 55,000 people will survive their cancer for five years or more. The UK also supports the 2020 World Health Organisation global strategy to accelerate the elimination of cervical cancer as a public health problem.

A Best Practice Timed Pathway for gynaecological cancers, including cervical cancer, was published by NHS England (NHSE) in March 2023, and Cancer Alliances are now responsible for delivering it. The pathway will support the delivery of a diagnosis or ruling out of cancer within 28 days, in line with the recently introduced Faster Diagnosis Standard. This pathway aims to implement rapid patient triage so they can access the right tests, first time, through the use of appropriately staffed one-stop clinics.

NHSE has also allocated funding to support treatment and pandemic recovery, including £2.3 billion to improve diagnostic care and £1.5 billion through the Targeted Investment Fund to support our wider elective recovery plan. In addition to this, NHSE has also aimed to create a further reduction in cancer waiting times by setting a target for systems to increase cancer treatment capacity by 13% in 2023/24.

The UK National Screening Committee (UK NSC) makes recommendations for all four nations of the UK. Regarding cervical screening, the UK NSC reviewed the evidence on the use of human papillomavirus (HPV) self-sampling as a programme modification within the NHS Cervical Screening Programme in February 2019. The Committee recognised that HPV self-sampling offered a promising test, but that further work was required to ensure its feasibility and value.

The YouScreen project aims to provide evidence on the acceptability of self-testing. GP practices across North Central and North East London were given the opportunity to take part in the YouScreen study offering HPV self-sampling to non-attenders aged 25-64 and those at least 6 months overdue for cervical screening. A separate piece of work, HPVvalidate, aims to see if self-testing provides the same level of accuracy as an HPV test undertaken by a clinician. These pieces of work will inform a UK NSC recommendation and, if the outcome proves positive, self-sampling could lead to an increase in people being screened for cervical cancer as it will reduce some of the barriers that prevent people from attending.

Human papillomavirus (HPV) is the cause of 99.7% of cervical cancers. The HPV immunisation programme has contributed to a dramatic reduction of HPV infections across the population in England. There has been an 87% reduction in cervical cancers in women who have been vaccinated against HPV when compared to previous generations. Since 2019, HPV immunisation is available to all children, including boys. This supports strong individual protection as well as strengthened population protection as it breaks the chains of transmission.

HPV vaccine coverage decreased during the pandemic and in subsequent years. This was due to school closures and then competing priorities where providers were tasked with delivering COVID-19 and flu vaccines as well as HPV vaccines. Catch-up efforts to make sure that anyone who has missed their HPV immunisation for any reason are underway and amongst those who have previously missed their immunisation, the coverage has gone up. Despite this, uptake remains lower than what we would like to see.

Women's health hubs

Expanding women's health hubs across England is a key commitment in the Women's Health Strategy, with an initial aim to see at least one hub within every integrated care system (ICS). We recently announced a £25 million investment over the next two years to accelerate the development of women's health hubs. Women's health hubs aim to improve access and quality of care for services for menstrual problems, contraception, pelvic pain, menopause care and more.

We have commissioned through the National Institute of Health and Care Research (NIHR) the Birmingham, RAND and Cambridge Evaluation Centre to conduct a scoping [evaluation](#) of existing women's health hubs. Please see responses to your questions about women's health hubs below, as informed by the interim report of the evaluation. The final report is expected to be published later this year.

1. Whether the hubs are primarily focused on reproductive and sexual health, or if they're seen as a solution to the challenges faced by women accessing gynaecological cancer care too.

As far as we are aware, the existing women's health hubs do not offer gynaecological cancer services. Existing hubs provide services for sexual, reproductive and gynaecological health including those for menstrual health conditions such as heavy menstrual bleeding, menopause consultation and treatment, provision of long-acting reversible contraception, and ring pessary fitting and removal. A full list of services currently offered in hubs is available on page 23 of the interim evaluation report.

2. Details about what the hubs offer, how a patient can access them, who staffs the hubs and how much they cost to run.

Existing women's health hubs have a variety of delivery models, with some offering open access to women and some available through referral. The interim evaluation report outlines the current workforce within hubs, with GPs with a special interest in women's health as the most common professionals working in hubs, followed by administrators and healthcare assistants. The report highlights the diversity in clinical leadership in hubs, with the most common model being GP led.

We do not have cost figures for the small number of hubs currently in existence. Costs are likely to vary however given the variety in delivery models and services offered. As part of our plans to support the wider roll-out of hubs we are developing a cost-benefit analysis to highlight the expected efficiencies available through implementing hub models.

3. Whether there is any evidence that the hubs are supporting faster diagnosis of gynaecological cancers. Whether any of the women's health hubs have been evaluated.

We currently do not have any evidence on if hubs are supporting faster diagnosis of gynaecological cancers. Women may be seen in a women's health hub for menstrual or other problems that could be symptoms of a gynaecological cancer, for example unusual vaginal discharge or bleeding. Women's health hubs should refer into specialist and/or urgent care where required, for example into cancer pathways, in line with recommendations in relevant National Institute for Health and Care Excellence (NICE) guidelines.

I hope this information is helpful

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Maria'.

MARIA CAULFIELD