



Peter Fox MS
Chair
Health and Social Care Committee

28 July 2025

Dear Peter,

Thank you for your correspondence of 9 June on behalf of the Health and Social Care Committee about the report: *Unheard: Women's journey through gynaecological cancer*.

The Welsh Government is committed to improving cancer outcomes, including for gynaecological cancer.

1. Why was gynaecological cancer excluded from the Women's Health Plan, despite it being recommended for inclusion? Can you clarify why the Welsh Government and NHS Wales have chosen not to prioritise it.

It is a priority. The Welsh Government's response to the recommendation explained our policy intentions for gynaecological cancer were set out in the [Quality Statement for Cancer](#) and the NHS response was described in the [Cancer Improvement Plan](#) and the Women's Health Plan specifically refers to the work underway nationally on gynaecological cancer.

The Welsh Government had determined by March 2023 that gynaecological cancer was a national priority as part of the Cancer Recovery Programme. As a result, there was a national focus on gynaecological cancer at that time. To avoid the potential for confusion among NHS organisations, the *Women's Health Plan* refers to this approach by way of incorporation. One of the themes in reviews undertaken in the cancer policy area is the risk to delivery of a multiplicity of approaches in similar areas of focus. The approach taken is intended to help avoid this.

The *Women's Health Plan* has an important role to play in ensuring services take women's concerns and symptoms seriously when they seek advice from the NHS. This includes in relation to cancer.

2. What specific actions have been taken to implement the recommendations related to gynaecological cancer since the report was published? Can you set out where measurable and identifiable progress has been made, as well as where progress has been slower than anticipated or absent.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

The Committee's 26 recommendations spanned more than a dozen different public health and healthcare policy areas, impacting many existing work programmes and governance arrangements. To progress the recommendations, each area has taken forward the relevant recommendations. There has been good progress for most commitments made in response to the inquiry, for example:

- Recommendation 1: Progress is being made. The Women's Health Network has developed a co-production framework to support the expectation that health boards will involve women, and those with lived and learned experiences in implementing their respective plans. By March 2026, a pathfinder women's health hub will have been developed in each health board area in Wales, which will support improved outcomes, access to and the experience of health and care services for women.
- Recommendation 2: The *Women's Health Plan* has been published and is being implemented.
- Recommendation 3: A focused call for research about women's health was launched in April 2025, committing £750,000 to women's health research projects. Health and Care Research Wales, supported by the Welsh Government, has provided a further £3m for the first women's health research centre in Wales to enhance the quality and scope of women's health research.
- Recommendation 6: Data set forms and MDT forms for gynaecological cancers are live and in use.
- Recommendation 7: Rapid diagnostic centres have been evaluated.
- Recommendation 10: Public Health Wales has established a project team and is working through the range of options to introduce self-sampling in the cervical screening programme. Please see the written statement which I recently issued: [Written Statement: Self-sampling in the cervical screening programme in Wales \(11 July 2025\) | GOV.WALES](#).
- Recommendation 18: The Welsh Government wrote to all health boards.
- Recommendation 26: A national service specification for palliative and end-of-life care services has been developed. This promotes equitable access to, and delivery of, palliative and end-of-life care across Wales, supporting strategies underpinned by the principles of value-based health and care and the core values set out in the Welsh Government's *Quality Statement for Palliative and End-of-Life Care*, the National Clinical Framework, and the Duty of Quality Statutory Guidance. Through these standards, the specification supports a whole-system approach to care that prioritises quality, safety, and dignity for individuals at the end of life.

Areas where work is in progress largely relate to matters that require ongoing attention, such as recommendation 8 to improve cervical screening uptake and improving performance against the waiting time target for gynaecological cancer. No progress has been made on the two recommendations rejected nor yet to recommendations 11 and 12 at this time.

3. How is the Welsh Government ensuring that recommendations related to gynaecological cancer are being implemented effectively and transparently? Can you provide details on how the Welsh Government is tracking its progress and where this is being made public.

The recommendations cover a broad range of policy areas and will be taken forward in the most relevant national programme, for instance through the work of Health and Care Research Wales. Given the breadth of issues involved, there are different reporting arrangements in place and many recommendations do not lend themselves to ongoing reporting, such as the evaluation of RDCs or GatewayC, nor the updating of patient information. I am happy to provide periodic updates to the Committee and the Senedd.

4. What are the reasons for the continued poor gynaecological cancer waiting times, and what steps are being taken to address this issue? Why has the situation not improved, despite it being identified as a priority.

Performance against the cancer waiting time target for gynaecological cancer has improved gradually, although there is still a very long way to go. The performance has gradually improved from a low point in December 2023 (27%) to the most recent figure (45.5% in April 2025). These figures can be found at: [Cancer Data - Digital Health and Care Wales](#).

As our evidence to the Committee previously set out, the reason for the under-performance is because significantly more people are being referred with suspected gynaecological cancer and this exceeds the current capacity of the NHS to investigate these referrals (both cancer and non-cancer). The pathway is relatively complex to deliver due to the number of cancer subtypes involved; the variety of treatment options involved, and the limited specialist workforce available to deliver it. I am not content with this level of performance. The Welsh Government continues to work with the NHS through the cancer recovery programme to drive further improvement. This includes changes to the pathway and to manage access to services based on risk.

5. How has the Welsh Government incorporated feedback from cancer patients, healthcare professionals, and relevant community organisations into the implementation of the recommendations? Can you set out how the Welsh Government is listening to those directly affected by cancer care and involving them in the decision-making process.

The Welsh Government is responsible for setting the priorities and expectations for the NHS in Wales. We use the input of citizens, including via their elected representatives, and the expertise of NHS Wales Performance and Improvement to set these priorities and expectations. I meet members of the Wales Cancer Alliance every six months to hear their concerns. The NHS is responsible for planning and delivering clinical services, with national support from NHS Wales Performance and Improvement, and working with their own local populations.

Health boards and NHS trusts have established means of informing service planning and delivery with the views of people affected by cancer. The National Strategic Clinical Network for Cancer has strong links with health boards and NHS trusts and third sector organisations. Health and Care Research Wales has its own forums for securing public and patient involvement.

6. Can you provide further detail about why Recommendation 15 (about improving emergency care for gynaecological cancers) was rejected, and what is being done to ensure the issues raised are addressed?

Presentation of cancer in an emergency setting is associated with more advanced disease and poorer outcomes. This is not confined to gynaecological cancer – it is the case for many cancers with symptoms which can be hard to identify. The Welsh Government’s approach recognises the need to detect cancers – including gynaecological cancer - earlier. Our approach includes several actions to reduce referral and diagnostic intervals and includes access to rapid diagnostic centres for people with vague or unusual symptoms.

The presentation of cancer in emergency settings must also be seen in the context of significant changes in GP referral practice, whereby tens of thousands of additional referrals are being made each year, resulting in a very low conversion rate from referrals to confirmed disease.

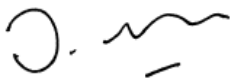
NHS clinicians trained in the diagnosis and management of gynaecological cancer are focused on providing access to care, as required by the focus described on improving the cancer waiting time performance for gynaecological cancer. There is not the capacity additionally to undertake a case note review to determine what factors lead individuals to present in emergency departments.

7. What barriers have been identified that prevent the full implementation of the report's recommendations, and how does the Welsh Government plan to overcome these obstacles?

The work of Claire’s Campaign and also the Committee’s interest in this topic has provided a welcome focus on gynaecological cancer and supported the prioritisation of the disease. The Welsh Government’s evidence to the inquiry demonstrated that current capacity in the NHS to investigate and treat gynaecological cancer, while also dealing appropriately with the wider population burden of benign disease, is the fundamental challenge.

The Welsh Government, like all governments, is rightly expected to focus both on cancer and non-cancer care, so people are seen and treated in a clinically appropriate way. The resources of both the Welsh Government and the NHS need of course to reflect this breadth, and it is clear that a significant part of the solution is a greater focus on preventing cancer wherever possible.

Yours sincerely,



Jeremy Miles AS/MS
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care