Agenda Supplement - Health and Social Care Committee

Meeting Venue:
Hybrid - Committee Room 4, Ty Hywel and video conference via Zoom
Meeting date: 19 March 2026
Meeting time: 09.30

For further information contact:
Sarah Beasley
Committee Clerk
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Hybrid - Supplement 1

Please note the documents below are in addition to those published in the main Agenda and Reports pack for this Meeting

2 Papers to note

(09.30)

2.5 Letter from the Cabinet Secretary for Health & Social Care regarding the re-appointment of the Chair of Powys Teaching Health Board.

(Page 1)

Attached Documents:

PTN5 - Letter from the Cabinet Secretary for Health & Social Care regarding the re-appointment of the Chair of Powys Teaching Health Board

2.6 Letter from the Petitions Committee re Petition P-06-1570 Introduce Martha's Law in Wales to guarantee patients' and families' right to a second opinion.

(Pages 2 - 3)

Attached Documents:

PTN6 - Letter from the Petitions Committee re Petition P-06-1570 Introduce Martha's Law in Wales to guarantee patients' and families' right to a second opinion.

2.7 Welsh Government response to the Committee's follow-up inquiry into gynaecological cancers

(Pages 4 - 25)

Attached Documents:

PTN7 - Welsh Government response to the Committee's follow-up inquiry into gynaecological cancers

4 Committee Legacy: consideration of draft legacy report

(09.35-10.30) (Pages 26 - 53)

Paper 1 - Draft Sixth Senedd Legacy Report

Attached Documents:

Paper 1 - Draft Sixth Senedd Legacy Report

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

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MA/JMHSC/0128/26

Peter Fox, MS
Chair of the Health and Social Care Committee

4 March 2026

Dear Peter,

As per the joint pre-appointment scrutiny guidance between Welsh Ministers and Senedd Cymru, I wish to inform the Committee that the incumbent Chair of Powys Teaching Health Board, Carl Cooper, will be reappointed for a second term from 17 October 2026 until 16 October 2030.

The Governance Code on Public Appointments was complied with during the reappointment process. The reappointment will not form part of the pre-appointment hearing process as outlined in the guidance.

The decision will be made public and further announcements may follow in due course.

Yours sincerely,

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

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Y Pwyllgor Deisebau
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Peter Fox MS,
Chair,
Health and Social Care Committee

16 March 2026

Dear Peter,

Petition P-06-1570 Introduce Martha's Law in Wales to guarantee patients' and families' right to a second opinion

The Petitions Committee met on 2 March and considered the above petition, submitted by Dylan Mark Owen.

The Committee noted that, although not called 'Martha's Rule', the Wales-specific Call4Concern follows the same principles and aims.

Members agreed to write to you as the Chair of the Health and Social Care Committee and ask that the issue be highlighted in your legacy report, with a view to the successor Health Committee in the Seventh Senedd undertaking a review of the rollout of Call4Concern, after 12 months, including consulting not just health boards but also Llais: to see how complaints and escalations are handled, to check on how consistently it is being applied and the experience of patients and families, and assess what improvements have emerged as early learning.

The Committee was grateful to the petitioner for raising patient safety issues and helping highlight the rollout of the Call4Concern escalation system in Welsh hospitals, and agreed to close the petition.

The full details of the Committee's consideration of the petition, including the correspondence and the actions agreed by the Committee can be found here: P-06-1570 Introduce Martha's Law in Wales to guarantee patients' and families' right to a second opinion

I would be grateful if you could send any response by e-mail to the clerking team at petitions@senedd.wales.

Yours sincerely

Carolyn Thomas MS
Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Unheard: Women's Journey Through Gynaecological Cancer

Follow-Up Report on Implementation of Recommendations

The Welsh Government's response to the Health and Social Care Committee's follow-up report on the implementation of its recommendations relating to its inquiry into gynaecological cancer.

The Health and Social Care Committee undertook an inquiry into the experience of women treated for gynaecological cancer and published its report recommendations on 6 December 2023. The Welsh Government responded on 8 March 2024, accepting 24 of the 26 recommendations in full or part. In January 2026, the Health and Social Care Committee published a follow up report and made nine further recommendations.

Contents

1. Approach to improving cancer care

Improving cancer care and outcomes is a long-established priority for the Welsh Government. Its approach is set out in the Quality Statement for Cancer, which guides NHS planning of services. The Women's Health Plan also has an important role in ensuring women are listened to when they seek advice from NHS services.

1. Cancer is the leading cause of death and premature mortality in Wales. The Welsh Government recognises the importance of ensuring NHS cancer care delivers the best possible patient experience and outcome. NHS organisations are responsible for planning and delivering cancer care and the Welsh Government sets out its requirements in the Quality Statement for Cancer. The NHS in Wales must apply these expectations and is held to account by the Welsh Government for delivery and improvement.

Examples of planning expectations for cancer care

- At least 75% of people referred on the suspected cancer pathway start first definitive treatment within 62 days of the point of suspicion.
- National optimal pathways are in place for all cancer types, and recurrent disease, and fully implemented by NHS organisations.
- Nationally recommended therapies are routinely available, and new therapies are subject to whole pathway planning processes.

2. The Welsh Government works with NHS Performance and Improvement to set out how health boards should plan to deliver each pathway of care for different cancer types in the form of nationally agreed pathways. More than 25 such pathways have been developed with expert clinicians in Wales and published for adoption. This is required by the Quality Statement for Cancer and reinforced in a Welsh Health Circular.

3. Timely access to treatment is important to ensure the best possible outcome and good patient experience. It is measured by the cancer waiting time and reported publicly on a monthly basis. Wales has the most comprehensive measure of cancer waiting time performance in the UK. It measures all new cases on one pathway regardless of their route to diagnosis, includes more cancer types, does not include pauses to the waiting time clock, and starts from the point at which cancer is suspected. The Welsh Government holds a dedicated accountability meeting with health boards each month specifically on cancer waiting time performance. This is to ensure there is sufficient focus on improving cancer performance.

4. As the population grows and ages, and is influenced by lifestyle related risk factors, the long-term trend shows gradual increases in cancer incidence. Around 20,000 people per year in Wales are diagnosed with cancer (excluding non-melanoma skin cancer) and this is forecast to continue rising to around 24,000 cases per year by 2035. In addition to the increase in new cases, the advancement of medicine means that more treatment options are available and for longer periods of time. Many of these treatments require more preparation to deliver (e.g. genomic testing) and/or more toxicity management (i.e. care for the side-effects of the treatment). Therefore, there are more patients to treat each year, and it takes more NHS resource to deliver recommended clinical care for each patient. The increase in demand for cancer investigation and treatment is rising faster than the NHS can increase its capacity to investigate and treat those cancers. This is reflected in NHS cancer performance, which has stabilised and improved over the medium term but is not meeting the target at the all-Wales level for all cancers combined.

5. In recognition of the need to improve performance rates, the Welsh Government approved a Cancer Recovery Programme in 2023, backed by £2m per year. The Programme is designed to change how pathways and service models are delivered to improve productivity and efficiency. This means that services are to change to make better use of the available capacity to investigate and treat cancer. As part of this work, five main types of cancer were chosen for focused national support and local delivery: skin, breast, lower gastrointestinal, urological and gynaecological. Urological and gynaecological cancers were chosen specifically due to their persistently low levels of cancer performance. The need for focused work and support for these cancer types was confirmed by the Ministerial Advisory Group on Performance and Productivity.

6. A key aspect of improving cancer outcomes is improving earlier detection of cancer. This has been a significant national focus based on the optimisation of

national screening programmes, implementation of referral guidance from the National Institute for Health and Care Excellence, educational support to referrers, and the introduction of Rapid Diagnostic Centres for people with non-specific symptoms. In addition, there is a national programme approach to improving diagnostic capacity and productivity for radiology, pathology, genomics, and gastrointestinal endoscopy. These services provide essential aspects of cancer pathways.

7. This national approach is intended to ensure improvement in cancer care for all types of cancer, including all types of gynaecological cancer. The Welsh Government expects women to be referred in line with symptom-based guidance for suspected gynaecological cancer, for women to be investigated and treated in line with the national optimal pathways for different types of gynaecological cancer, and for improvements in digital systems to provide better data for gynaecological cancer pathway management. As part of the Cancer Recovery Programme, the way services are provided to women with very low risk of gynaecological cancer is being changed so that women who are at higher risk are seen more quickly.

8. Most of this work sits within the remit of cancer policy and cancer care oversight. However, there is an important aspect of women's experience of cancer care that is better positioned within the wider remit of Women's Health Plan. As the Committee reported, there are occasions when women present to their GP with concerns that are not fully investigated or handled with appropriate concern. This partly reflects the difficulty in drawing conclusions from potential symptoms of gynaecological cancer, which due to their nature can be difficult to discern and are very likely to have no cancer related cause. However, it is also clear from the Discovery Report into women's experience of healthcare that at times the NHS does not get it right and has dismissed the concerns of women that present to the NHS with concerns. The Women's Health Plan is specifically designed to address such cultural issues within the NHS and therefore plays a vital part in guiding the required changes that will help women who present to the NHS with potential signs of cancer to be heard and properly referred for investigation.

2. Progress made on the original inquiry recommendations

Of the 24 original recommendations accepted in full or in part by the Welsh Government, 19 are complete and four are outstanding.

Recommendation 1. The Welsh Government accepted the Committee's recommendation to work with health professional bodies and the NHS to promote gender sensitivity and cultural competence among healthcare professionals. In response the Welsh Government committed to this being a focus of the Women's Health Plan. This requirement has been included in the Women's Health Plan, and it is being implemented by the NHS in Wales. Health Education and Improvement Wales has created and delivered e-learning modules for healthcare professionals on relationship-based care.

Recommendation 2. The Welsh Government accepted in part the Committee's recommendation about the publication of the Women's Health Plan and the inclusion of gynaecological cancer. The Women's Health Plan was published in December 2024 and described the impact of gynaecological cancer on women's health but explained improvement for gynaecological cancer care would be delivered by the Cancer Recovery Programme.

Recommendation 3. The Welsh Government accepted in principle the Committee's recommendation to provide details of the research budget and priorities for gynaecological cancer research. The Welsh Government committed to develop options for resourcing research into women's health as part of the Women's Health Plan and subsequently announced £3m in support of this research, which could include applications for research relating to gynaecological cancer. However, the Welsh Government could not commit to ensuring research would take place specifically on gynaecological cancer and the all-Wales approach to cancer research had already been set out in the Cancer Research Strategy for Wales.

Recommendation 4. The Welsh Government rejected the Committee's recommendation to reinstate pre-pandemic services for gynaecological cancer

on the basis that its policy intention was to change how such services were delivered to improve access to care, as part of the Cancer Recovery Programme.

Recommendation 5. The Welsh Government accepted the Committee's recommendation to set objectives and targets for the NHS Executive's work aimed at gynaecological cancer but explained the NHS Executive itself cannot improve cancer outcomes. The Welsh Government has worked with the NHS Executive to develop nationally agreed pathways for gynaecological cancer, which set out the delivery milestones health boards need to plan to deliver to meet the cancer waiting time target. In addition, as part of the Cancer Recovery Programme, NHS Performance and Improvement is supporting health boards to introduce alternative service models for women at very low risk of cancer. Progress is monitored monthly by the National Cancer Leadership Board, but the Welsh Government has yet to provide the Committee with details of the programme milestones.

Recommendation 6. The Welsh Government accepted the Committee's recommendation to set out how it will support health boards to maximise the benefits of regional working, including addressing barriers to IT integration. This response was provided to the Committee on 8 March 2024.

Recommendation 7. The Welsh Government accepted the Committee's recommendation to undertake an evaluation of Rapid Diagnostic Centres. The evaluation was provided to the Committee in September 2025.

Recommendation 8. The Welsh Government accepted in part the Committee's recommendation to work with the NHS to achieve the World Health Organisation's target of 90% uptake for HPV vaccination and to report by the end of the Senedd on progress made against the targets for vaccination, cervical screening and cervical cancer treatment. The Welsh Government set out the action underway to deliver the targets on 8 March 2024 and committed to a written statement before the end of the Senedd term.

Recommendation 9. The Welsh Government accepted the Committee's recommendation to work with Public Health Wales to review its equity strategy for screening. Public Health Wales is in the process of doing so.

Recommendation 10. The Welsh Government accepted the Committee's recommendation to outline work being undertaken to ensure the NHS in Wales can implement self-sampling for cervical screening. This update was provided on 8 March 2024.

Recommendation 11. The Welsh Government accepted the Committee's recommendation to provide advice to the Committee on how it is working with Public Health Wales to ensure information provided as part of the cervical screening programme makes clear it does not test for other gynaecological cancers and includes symptoms of other gynaecological cancers. This information was provided to the Committee on 8 March 2024.

Recommendation 12. The Welsh Government accepted in part the Committee's recommendation to work with Public Health Wales and others to implement symptom awareness campaigns that encouraged women to seek medical attention and promote healthier lifestyle choices targeted to address health inequality. The Welsh Government committed to working with local organisations to promote the benefits of healthier lifestyles, to amplify cancer awareness campaigns, and if finances permitted to targeted campaigns. This work has been progressed, but the aspect related to targeted campaigns has not yet been possible due to resource constraints.

Recommendation 13. The Welsh Government accepted the Committee's recommendation to provide details of any plans to evaluate GatewayC. This information was provided to the Committee on 8 March 2024, and the evaluation report was provided to the Committee in October 2025.

Recommendation 14. The Welsh Government accepted in part the Committee's recommendation to work with professional bodies and the NHS to provide continuing education on gynaecological cancer, ensure clinical guidelines for gynaecological cancer are implemented, and provide specialist support for GPs. The NHS in Wales has delivered educational sessions to GPs, the relevant clinical guidelines and educational resources are in place, and referral numbers are routinely monitored.

Recommendation 15. The Welsh Government rejected the Committee's recommendation to review emergency department presentations for

gynaecological cancer within six months of its report. The Welsh Government's priority at the time of the report was improving cancer waiting time performance for gynaecological cancer. Therefore, it was not feasible to divert clinical capacity into a case note review of emergency department presentations or to provide a report within the deadline set by the Committee.

Recommendation 16. The Welsh Government accepted the Committee's recommendation to publish key performance and outcome data. Performance data is published monthly and outcomes data annually.

Recommendation 17. The Welsh Government accepted in principle the Committee's recommendation to work with the All-Wales Medicines Strategy Group and professional bodies on implementing new drug recommendations. The Welsh Government confirmed all medicines approved by the National Institute for Health and Care Excellence (NICE) are available and wrote to health boards to draw attention to All-Wales Therapeutics and Toxicology Centre resources.

Recommendation 18. The Welsh Government accepted the Committee's recommendation to write to health boards about their duty to ensure all patients are treated with dignity and respect. The Welsh Government has now done so.

Recommendation 19. The Welsh Government accepted the Committee's recommendation for a review of the gynaecological cancer workforce. HEIW developed tools to support health boards to assess the workforce requirements of the nationally agreed pathways (including for gynaecological cancer) and NHSPI has undertaken work on specialist nurse provision. However, further work is envisaged to bring all the data together to inform local and regional workforce planning.

Recommendation 20. The Welsh Government accepted the Committee's recommendation for HEIW to include gynaecological cancer in its pathway workforce planning methodology. Refer to recommendation 19.

Recommendation 21. The Welsh Government accepted the Committee's recommendation to set out what performance data it publishes. This was provided to the Committee on 8 March 2024.

Recommendation 22. The Welsh Government accepted the Committee's recommendation to set out its oversight role for the cancer informatics system and how it supports the digitisation of cancer pathways. This was provided to the Committee on 8 March 2024.

Recommendation 23. The Welsh Government accepted the Committee's recommendation to develop the medical research environment to compete for research funding and consider a centre of research excellence. Details of this approach were set out to the Committee on 8 March 2024 and further details on funding for a women's health research centre were shared with the Committee on 28 July 2025.

Recommendation 24. The Welsh Government accepted the Committee's recommendation to set out details on clinical trials for gynaecological cancer, work underway with the NHS in Wales on trial participation, and remuneration for clinicians involved in trials. This information was provided on 8 March 2024.

Recommendation 25. The Welsh Government accepted the Committee's recommendation to work with health boards and others to ensure the benefits of palliative care are promoted and to address misconceptions. National oversight is provided through NHS Performance and Improvement's National Palliative and End of Life Care Programme. The Welsh Government introduced a Quality Statement setting out planning expectations for the NHS, allocated and reviewed national funding for palliative care, and has supported the introduction of a national competency framework and a national service specification to support NHS services to improve the quality and consistency of services across Wales.

Recommendation 26. The Welsh Government accepted the Committee's recommendation to provide an update on progress implementing the Quality Statement for Palliative and End of Life Care. This update was provided on 8 March 2024.

3. Response to the follow up recommendations

The Welsh Government will continue to work with the NHS in Wales to improve cancer care and commits to enhancing this approach in several ways.

Recommendation 1: The Welsh Government should allocate targeted investment to improve experiences and outcomes for women with gynaecological cancer. While women's health is a stated priority for the First Minister, current spending does not sufficiently address this area. In light of the concerns identified in our report and subsequent follow-up, this priority must be matched by dedicated funding and action to bring gynaecological cancer services in line with other clinical specialties.

Welsh Government response: Reject

The Welsh Government provides health boards with annual block funding to deliver their statutory functions. Health boards must undertake population needs assessment and allocate their available resources to meet the healthcare needs of their population. This requires health boards to deliver investigations, treatment and care for all conditions – including cancer, and gynaecological cancer. The Welsh Government does not ring-fence funding for any specific clinical pathways, such as ovarian cancer, because many different clinical teams are involved in the care of ovarian cancer, and those teams deliver care to patients with other conditions, also.

A ring-fence for the treatment of any one specific condition risks unfairness to other patients with cancer, and other patients without cancer, who might feel equally that they should attract ring-fenced funding. Health boards are best placed to determine how to allocate their available resources to meet the needs of their local population and to prioritise the capacity of their clinical teams to deliver different pathways of care.

Health boards are required to implement the latest recommended clinical practice and treatments, and in the case of technology appraisals this is required under directions. The funding for these treatments is met through health board core allocations, and the Welsh Government has allocated £2m per year to support service transformation, including changes to pathways and service models for gynaecological cancer referral.

The Welsh Government recognises the pressure on teams involved in delivering the pathways of care for gynaecological cancer and works with health boards on

their pathway management and planning. The Welsh Government will enhance this approach by:

- Requiring health boards to formally review their workforce planning to deliver the nationally agreed pathways for gynaecological cancer.
- Require NHSPI and HEIW to review these workforce plans and make recommendations for health boards to consider at executive level.

Financial Implications: within current allocations.

Recommendation 2: The Welsh Government must ensure gynaecological cancer receives greater visibility and priority within its cancer improvement plans. Given the persistently poor outcomes for gynaecological cancers, and the Welsh Government's position that these should not fall under the Women's Health Plan, there must be a stronger, more visible focus on gynaecological cancer within cancer improvement strategies. This should include clear, and immediate actions to raise awareness, improve access to care, and address inequalities in outcomes.

Welsh Government response: Accept in part

The Welsh Government accepts the need to improve access to care and outcomes. Outcomes for gynaecological cancer are reported annually by the Welsh Cancer Intelligence and Surveillance Unit. Survival and mortality data demonstrate long-term improvements for cervical and ovarian cancer, but not for uterine cancer.

The Welsh Government's approach is to continue to support the NHS to improve the quality of care and timeliness of access to treatment. Gynaecological cancer was identified as a national priority prior to the original committee inquiry and is one of five priority cancer types supported by the national Cancer Recovery Programme and addressed by the Ministerial Advisory Group (MAG) on Performance and Productivity.

Progress against the MAG recommendations for cancer, including for gynaecological cancer, is overseen on a monthly basis by the National Cancer Leadership Board. The Welsh Government will enhance this approach in the following ways:

- Require accelerated adoption of alternative pathways for very low risk cancer referrals and new service models for suspected cancer, as part of the performance and escalation process for health boards.
- Require health boards to address the variation identified by NHSPI in pathway delivery to improve productivity and service consistency.

- Support health boards to reduce diagnostic waiting lists, and gynaecology outpatient waiting lists, to reduce competing pressures on diagnostic and gynaecology outpatient capacity.

Financial Implications: within current allocations.

Recommendation 3: The Cabinet Secretary should:

- Introduce quarterly reporting on gynaecological cancer waiting time performance by health board, alongside clear improvement milestones to be achieved within the next 12 months. He should ensure transparency by making all performance data publicly accessible to enable scrutiny and drive improvement.
- Set out how he intends to hold health boards to account for poor performance in these quarterly reports, including escalation measures where performance remains poor.

Welsh Government response: Accept in part

The Welsh Government agrees with the need to hold health boards to account for performance and already holds monthly accountability meetings with health boards specifically for cancer and already publishes monthly data on gynaecological cancer performance broken down by health board. Digital Health and Care wales provide publicly accessible data including overall performance rate and median time to: first outpatient appointment, diagnosis, treatment. This information is published at the all-Wales level, by health board, and by main cancer type. Digital Health and Care Wales are working with health boards to introduce sub-tumour types reporting, which will break these figures down into specific types of gynaecological cancer. The Welsh Government is also consulting on the frequency of its official statistics reporting and will consider if quarterly reporting provides a better indication of service performance via this process.

The Welsh Government has set a target for gynaecological cancer performance and the Ministerial Advisory Group on Productivity and Performance recommended no additional cancer targets are introduced. The Quality Statement for Cancer requires that 75% of people are downgraded or start first definitive treatment within 62 days of the point of suspicion. The national optimal pathways for gynaecological cancer set out the pathway milestones health board should plan to deliver to meet the waiting time target. The performance is monitored monthly by the National Cancer Leadership Board, and the local improvement trajectory is reviewed monthly with each health board. Data on cancer performance, including for gynaecological cancer, is already part of the

escalation status of health boards as part of the Oversight and Escalation Framework..

Financial Implications: none.

Recommendation 4: In the response to this report, the Cabinet Secretary should provide an update on progress with delivery of his commitment to publish regular disaggregated data on gynaecological cancers by the end of the financial year.

Welsh Government response: Accept

NHS Performance and Improvement worked with DHCW and health boards to agree common definitions for sub-tumour site reporting and a Data Standards Change Notice was issued in 2023 to notify all health boards of the need to move to sub-tumour type reporting using these definitions. Digital Health and Care Wales subsequently worked with health boards to modify the Welsh Patient Administration System – which records patient appointments – to allow recording of sub tumour type for closed pathways of care. Cardiff and Vale University Health Board does not use WPAS and will need to develop this functionality within its own patient administration system. Of the health boards that use WPAS, five of six have completed User Acceptance Testing but one health board has yet to move over to using Cancer Tracker as its pathway management tool to provide data to WPAS. Of those that have completed user acceptance testing, one has deployed the new functionality and four are yet to agree go live dates as part of their local digital service development plans. Once most or all health boards have completed roll out, DHCW will commence public reporting of sub tumour type for closed pathways in its national cancer dashboard. Due to a combination of challenges facing health boards, all Wales roll out is not expected by the end of March 2026 and revised milestones will be agreed as part of the implementation of the Cancer Data Development Roadmap.

Financial Implications: within current allocations.

Recommendation 5: The Welsh Government and Public Health Wales must take urgent, coordinated action to increase HPV vaccination coverage and counter misinformation. Specifically:

- Public Health Wales should set and publish annual improvement targets for HPV vaccination uptake (for example, achieving 90% coverage by 2027) and report progress transparently
- The Welsh Government should lead a national strategy to tackle vaccine misinformation, including targeted campaigns in schools and across social media platforms.

Welsh Government response: Accept in part

The NHS Wales Performance Framework includes the target that 90% of children should receive the HPV vaccine by age 15. This exceeds the WHO target, which only applies to girls. The measure places clear expectations on health boards to strengthen delivery and supports progress towards Wales' wider cancer-prevention ambitions, including the WHO elimination goals.

Public Health Wales publishes quarterly and annual 'Cover of vaccination evaluated rapidly' (COVER) reports for uptake surveillance of all childhood and adolescent vaccination programmes including HPV. These reports show uptake by age, both nationally and by individual health board. Work is underway to address operational challenges highlighted by health boards, including difficulties accessing timely school data, declining teenage vaccination uptake, and data limitations within the Children and Young Persons Integrated System (CYPrIS).

Targeted catch up clinics took place in summer 2025, with a specific focus on improving uptake in schools with higher deprivation. Evidence from this work has indicated that proactive invitation, flexible access to vaccinations, and personalised conversations, can significantly increase uptake. The Welsh Government will continue to support expansion of these catch-up models and ongoing digital transformation to improve recording and data quality.

A cervical cancer elimination Task and Finish Group has been established by the Welsh Government. This group is leading work to assess Wales' ability to meet the WHO's cervical cancer elimination targets, and to determine the interventions needed for delivery. Membership comprises policy leads from Welsh Government, key consultants, stakeholders and associated professionals from health boards. The group is reviewing current HPV vaccination trends, screening performance, and treatment pathways, alongside clinical and operational recommendations from Public Health Wales and Vaccination Programme Wales. Its purpose is to develop a coordinated, system wide plan for Wales, undertaking modelling, identifying actions and engagement approaches needed to increase vaccination and screening uptake, and accelerate progress towards eliminating cervical cancer as a public health problem. The group is due to report in the spring/early summer 2026.

The approach to vaccine mis/disinformation has been strengthened through active monitoring of “information threats” using social listening tools, polling, and behavioural frameworks. The Welsh Government has also adopted the “Wall of Beliefs” framework developed by the UK Government Cabinet Office.

It is acknowledged that further work is needed to enhance cross government coordination, develop rapid response mechanisms, and improve the sharing of insight with Public Health Wales and NHS bodies. Targeted communication, particularly with schools, families, and communities where hesitancy is known to circulate will form a core part of the approach. These actions will support a consistent, system wide approach to increasing HPV vaccination coverage, tackling misinformation effectively, and reducing inequalities in access.

Financial Implications: within current allocations.

Recommendation 6: In its response to this report, the Welsh Government should provide an update on progress by Cervical Screening Wales with preparatory work to implement the roll-out of self-sampling within the cervical screening programme in Wales, including:

- The likely start-date and milestones for the roll-out;
- Details of who will be included in the self-sampling offer;
- Lessons learned from similar work in other nations of the UK, and their application to the planned Wales roll-out;
- Details of how the success of the self-sampling offer will be monitored and evaluated.

Welsh Government response: Accept

In June 2025, the UK National Screening Committee (UK NSC) made the recommendation for the UK cervical screening programmes to introduce a cervical self-test option to women who do not routinely or never attend cervical screening appointments. Public Health Wales has established a self-sampling project board with key stakeholders including partners from the third sector, academia, and clinical leads to consider how self-sampling could be delivered in Wales. Welsh population and demographic data are being considered in its delivery to reflect variations in cervical cancer risk and ensure the approach supports equity and maximises benefits for under-screened groups. The initial roll-out of self-sampling in Wales is expected to begin in the second half of 2026.

Financial Implications: within current allocations.

Recommendation 7: The Welsh Government must urgently strengthen its approach to reducing emergency presentations of gynaecological cancers. This should include:

- Setting clear improvement targets for reducing emergency diagnoses and publishing an update on progress by March 2026;
- Exploring the feasibility of enhanced emergency gynaecology provision, ensuring access to specialist expertise and diagnostic tools within emergency departments.
- In addition, Public Health Wales should take a stronger leadership role by coordinating early detection initiatives and driving improvements across the system.

Welsh Government response: Accept in part

Several types of cancer typically show little or no signs in their early stages and are more likely to be diagnosed in emergency settings than other cancers. The Welsh Government believes that introducing a target for the number of people to present in an emergency department with gynaecological cancer could create perverse incentives for NHS services and have harmful implications for patients. To reduce the potential for women to be diagnosed in an emergency setting, the Welsh Government will continue to work with referring clinicians on the identification of signs, symptoms, and risk factors for gynaecological cancer as set out in referral guidance from the National Institute for Health and Care Excellence. It also includes safety netting advice for women with non-specific symptoms on when to seek further advice.

This guidance reduced the risk threshold for referral for most cancers, so that more people are referred and cancers can therefore be identified at earlier stages. This has resulted in very large increases in the number of women referred with suspected cancer, with only 1-in-20 referrals for suspected gynaecological cancer resulting in a confirmed diagnosis. This demonstrates that clinicians across Wales are applying a very low threshold of suspicion for cancer referral. In support of this, Health Education and Improvement Wales has rolled out educational resources to all GP practice in Wales, and NHS Performance and Improvement has delivered education days for GPs on symptom-based referral. The Women's Health Plan also has a focus on cultural change and training for healthcare professionals aimed at ensuring women are listened to and their concerns are properly addressed. These measures will support the earlier referral of women with signs of cancer.

For women who first present in an emergency setting, the approach will be enhanced by:

- Exploring the further development of acute oncology services to provide for all people presenting to emergency departments with an undiagnosed cancer.
- Improving data and coding accuracy to monitor routes to diagnosis for all cancers, including gynaecological cancer.
- Reviewing the healthcare professional education offer and take up for symptom and risk-based recognition and referral.
- Analysis of the reasons women present in an emergency department based on their clinical history.

Financial Implications: within current allocations.

Recommendation 8: The Welsh Government must act with greater urgency in taking forward our original recommendations and strengthen support for GPs in the early detection of gynaecological cancers. In its response to this report, it should:

- Provide an update on progress with implementing the recommendations in our original report; and
- Set out the plans in place to continue work in this area, along with timelines and key milestones.

Welsh Government response: Accept

The Welsh Government has completed 19 of the 24 accepted actions it committed to in response to the original inquiry report. Two recommendations were rejected and one could not progress due to resource constraints. Of the four outstanding actions, the Welsh Government will:

- Close recommendation five by providing the Senedd with the Cancer Recovery Programme milestones for gynaecological cancer before the end of the Parliament.
- Close recommendation eight by providing a written statement to the Senedd before the end of the Parliament.
- Close recommendation 9 by requiring Public Health Wales to produce its revised Screening Equity Strategy by end of spring 2026.
- Close recommendation 19 by requiring health boards to undertake workforce reviews and agree actions required to deliver the nationally agreed pathways by the end of March 2027.

Financial Implications: within current resources.

Recommendation 9: The Welsh Government should urgently strengthen the implementation and monitoring of its palliative and end-of-life care commitments. This should include:

- Publishing clear data on referral patterns and access to palliative care for women with gynaecological cancers;
- Setting measurable targets for early referral and equitable access, and reporting progress annually;
- Ensuring the new service specification and competence framework translate into real improvements on the ground, supported by adequate resources and workforce planning;
- Working with partners to challenge misconceptions about palliative care and promote its benefits earlier in the care pathway.

Welsh Government response: Accept in part

The Welsh Government is committed to strengthening the implementation and monitoring of palliative and end-of-life care commitments across Wales. The Palliative and End of Life Care Programme remains focused on ensuring that the new service specification and competence framework translate into real improvements in care delivery, supported by appropriate resources and robust workforce planning.

The Welsh Government recognises that a common misconception persists—that palliative care is relevant only in the final stages of illness, once all other options have been exhausted. It is working with partners to challenge this view and to promote the clear benefits of timely palliative care (i.e. as soon as the need is identified), and the use of a palliative approach alongside active treatment where appropriate. The Welsh Government will also work with the National Programme for Palliative and End of Life Care to consider what further actions may be required to address remaining misconceptions and improve understanding across the system.

With respect to measurable targets and reporting, improved data transparency is essential to ensure equitable access. However, establishing cancer-specific targets for one cancer type – such as gynaecological cancers – would be an inequitable approach. The intention is to take a whole-system, population-wide approach, ensuring that early referral, equitable access, and high-quality palliative care are monitored and strengthened across all cancer types and other life-limiting conditions, rather than developing isolated measures for individual cancer pathways.

The Welsh Government will therefore consider how best to develop and report consistent, system-wide metrics that support fairness, comparability, and

continuous improvement, while still enabling us to identify and act on variation where it exists.

Financial Implications: within current allocations.

4. Information on gynaecological cancer

Data on the number of people referred and treated for gynaecological cancer, and the rate of pathway performance. As well as survival and mortality data for different types of gynaecological cancer.

Table 1. For the calendar year 2025, the number of suspected gynaecological cancer referrals, the number of confirmed gynaecological cancers treated, and the percentage of gynaecological cancers starting treatment within 62 days. Excluding vulval and vaginal cancers due to small numbers.

Health board	Number of referrals (2025)	Number treated (2025)	Percentage starting treatment in 62 days (2025)
Aneurin Bevan	5,021	205	49.3%
Betsi Cadwaladr	5,787	247	38.9%
Cardiff and Vale	1,745	140	56.4%
Cwm Taf Morgannwg	4,570	229	40.2%
Hywel Dda	2,447	177	32.8%
Swansea Bay	2,408	119	40.3%
Wales (inc Powys)	22,043	1,117	42.4%

Table 2. For the most recent data available, the number of gynaecological cancers registered and the crude and age-standardised rates per 100,000 people. Excluding vulval and vaginal cancers due to small numbers.

	Count of cases		**Crude rate per 100,000 people**		**Age adjusted rate per 100,000 people** (with 95% confidence intervals)	
	2002-04	2020-22	2002-04	2020-22	2002-04	2020-22
Cervical	492	447	10.8	9.4	11.1 (10.2-12.2)	9.7 (8.8-10.7)
Ovarian	1188	994	26.2	20.9	26.6 (25.1-28.2)	19.2 (18.1-20.5)
Uterine	1058	1652	23.3	34.7	23.9 (22.5-25.4)	31.5 (29.9-33.0)

Table 3. For the most recent data available, the age-standardised rate of deaths for gynaecological cancer per 100,000 people and five-year net survival rates for gynaecological cancer. Excluding vulval and vaginal cancers due to small numbers.

	Age standardised mortality rate per 100,000 people (with 95% confidence intervals)		Five Year Net Survival (with 95% confidence intervals)	
	2002-04	2022-24	2002-06	2017-21
Cervical	4.1 (3.5-4.7)	3.2 (2.8-3.8)	62.7% (59.1-66.4)	73.1% (69.4-76.8)
Ovarian	15.5 (14.3-16.7)	10.5 (9.7-11.4)	37.4% (34.9-39.8)	49.2% (46.1-52.3)
Uterine	4.1 (3.5-4.7)	7.5 (6.8-8.2)	76.6% (73.9-79.3)	76.8% (74.3-79.3)

Agenda Item 4

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