

Russell George MS, Chair  
Health and Social Care Committee  
Senedd Cymru  
Cardiff  
CF99 1SN

02 April 2025

Our Ref: 001/RG/UnheardShortInquiry

Your Ref:

Dear Mr George,

Thank you for your response dated the 6<sup>th</sup> March. In the letter we call for time to be set aside over the course of the next year for a short inquiry to scrutinise the implementation of the Health and Social Care Committee's report *Unheard: Women's journey through gynaecological cancer*.

In your reply you asked me to clarify the following points. I'll respond to each of the seven points in turn.

1. *Which specific recommendations do you believe have not been adequately implemented, and what particular issues have contributed to their sporadic progress?*

Here's a small selection of examples, the list is illustrative and not exhaustive:

Recommendation 1 - gender sensitivity training. A year since the Welsh Government response ([page 1 and 2](#)). Despite the reference to the Women's Health Plan in the response, the activity that appears to be in development is happening within the Cancer Recovery Programme. What exactly is HEIW doing?

We understand that training for primary care, called *Unheard*, is being made available, but the inquiries I have made on behalf of Claire O'Shea (and others), who might be able to help inform materials and content have gone unanswered (the irony isn't lost on me). We don't know who the training is targeted at the primary care level and, what resources are being made available to follow up and evaluate that activity.

Recommendation 11 – Ensuring information provided at cervical screening appointments makes clear that such screening does not test or screen for other gynaecological cancers. Our colleagues at Target Ovarian Cancer have sought an update considering this, and have yet to hear back from officials.

The mistaken belief, held by 42% of women in Wales, that cervical cancer screening detects ovarian cancers continues unchallenged. This recommendation was accepted by Welsh Government ([page 6](#)).

Recommendation 12 - Nothing has happened to increase awareness of gynaecological cancer symptoms – this was accepted in part by the Welsh Government ([page 7](#)).

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Recommendation 16 – The publication of performance data ([page 8](#)), we are unaware of any transparent activity in this space, if there is it's within the NHS Executive. According to Audit Wales, there is no nationally available information to understand gynaecological cancers performance by sub-tumour site ([para 1.11](#)). The Welsh Government published a written statement on gynaecological cancers in December 2024, setting out its ongoing commitment – but we understand that as performative and in response to gynaecological cancers not being included within the Woman's Health Plan.

Recommendation 19 – We're unaware of any activity happening within the six month timescale, despite being accepted by the Welsh Government ([page 10](#)).

2. *Could you provide more detailed information about why you believe the Welsh Government has dropped gynaecological cancer from its Women's Health Plan and how this has affected the implementation of the recommendations from the report?*

The inclusion of gynaecological cancer within the Women's Health Plan was never part of the original plan ([para 28](#)), and despite recommendation 2 being accepted in part ([page 3](#)), officials within the Welsh Government and NHS managed to keep reference of gynaecological cancers out of the Women's Health Plan when it was published towards the end of 2024.

Since it's a strategic network within the NHS Executive, the Women's Health Plan has accountability and governance arrangements that alternative delivery mechanisms within the NHS Executive – the Cancer Recovery Programme, within the Planned Care Programme - does not have. The options for anyone who wishes to scrutinise gynaecological cancer services are limited.

3. *Do you have specific examples or evidence showing how the lack of implementation or delay in implementing the recommendations has negatively affected cancer patients or services? How are these gaps impacting people on the ground?*

The primary metric for cancer services, cancer waiting times, remains poor, we've not experienced a nationwide prolonged period of improvement for years. This is despite being made a priority [by the then Minister for Health and Social Services in March 2023](#). We do not know whether this is due to deficiencies in implementation or work not being undertaken.

We cannot scrutinise as so much is happening behind closed doors, and governance arrangements are problematic – this is reinforced by the [Audit Wales report on cancer services in Wales that was published earlier this year](#).

4. *What immediate steps could the government take to accelerate the implementation of the committee's recommendations? Are there specific areas where you feel a change in approach is urgently needed?*

Meaningful inclusion within the Woman's Health Plan

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5. *Has the government sought or incorporated feedback from cancer patients, healthcare professionals, or relevant community organisations in implementing these recommendations?*

While we were able to provide feedback concerning the Women's Health Plan, and did so despite a fortnight to respond, its utility is questionable since the decision not to focus on gynaecological cancers (and other life threatening/life limiting conditions was taken).

6. *What are the most significant barriers you have identified in the government's ability to fully implement the recommendations? Are these barriers political, financial, or administrative in nature?*

The barriers to addressing gynaecological cancers within the Women's Health Plan are, in our view, political and administrative in nature. The welcome cross-party political support in the Senedd in May 2024 was unable to change the political will and administrative capacity of Welsh Government and NHS Executive officials. While we understand the Woman's Health Plan remains a working, iterative document, that is to address and resolve issues not related to specific health conditions.

7. *Have any external experts, such as medical professionals, researchers, or other relevant organisations, supported your position on the lack of implementation? If so, could you share their perspectives or contributions?*

The rejection of Recommendation 15 on emergency presentation by the Welsh Government (on the grounds of timescale) disappointed us, and clinical staff within the NHS who felt that an interrogation of NHS data was necessary and justifiable given the seriousness of the concerns.

Despite the rejection by Welsh Government the Cancer Recovery Programme has managed to secure funding for the recruitment of a clinical fellow, to undertake a study that will lead to the delivery of the recommendation.

We expect any short inquiry serving two primary purposes; 1. holding those responsible to account for delivery of the commitments made in response to the *Unheard* report, and 2. Identifying and recognising best practice, where significant and impactful progress has been made since publication of the report in December 2023, especially where there are lessons that need to be applied.

Unfortunately, the collaboration you speak of in your final paragraph, to provide the Committee with a comprehensive overview of the progress made on implementing the report's recommendations is not possible due to our limited resources, in terms of personnel and time. The Chair of the Cross Party Group on Cancer requested an update from the Cabinet Secretary for Health and Social Care (Appendix 1), the response was shared with us by the CPG secretariat (Appendix 2)

In the meantime, cancer patients like Claire O'Shea must use whatever means are available, whether [through the media](#) or through the Cross Party Group on Cancer to hold those in power to account for not delivering accepted recommendations from the Unheard report. We want to ensure that those responsible for delivering the accepted recommendations are held to account and it is a matter of public record. It is our

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# Claire's campaign

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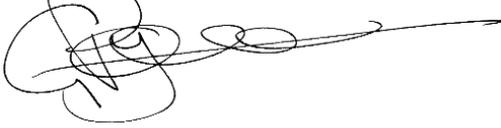
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view that a short inquiry by the Health and Social Care Committee will achieve this, and will maintain the pressure on government, NHS and NHS partners to make real and lasting improvements.

Yours sincerely,



**Greg Pycroft**

**Policy and Public Affairs Manager**

**cc.**

**Claire O'Shea, cancer patient, founder of Claire's campaign**

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Jeremy Miles MS  
Cabinet Secretary for Health and Social Care  
Welsh Government  
Ty Hywel  
Cardiff Bay  
CF99 1SN

18<sup>th</sup> February 2025

Dear Cabinet Secretary,

On the 12<sup>th</sup> December 2024, the Cross-Party Group on Cancer focused on gynaecological cancer services in Wales. Held around the first anniversary of the Health and Social Care Committee's "Unheard" report, the meeting provided attendees with an opportunity to better understand the steps being undertaken by the NHS Executive's cancer recovery programme to tackle excessively long cancer waiting times and the poor cancer outcomes experienced by women with a gynaecological cancer diagnosis. The meeting noted your Written Statement on gynaecological cancers that was issued earlier that week around the time of the Women's Health Plan - which provided a welcome update.

Attendees also heard from Claire O'Shea who shared her story and the steps she has taken - via *Claire's Campaign* - to secure delivery of the recommendations of the Health and Social Care Committee's "Unheard" Report, and to hold the Welsh Government to account for the delivery of those recommendations it accepted. While we support Claire's work, it shouldn't be the sole responsibility of a cancer patient to scrutinise and hold government to account, we all have a responsibility, hence this correspondence.

Like Claire, the Cross-Party Group on Cancer would like to better understand what plans are being made to collate and provide a further update concerning the delivery of the "Unheard" report recommendations to Members, and whether this will happen before the end of this Senedd term? A further update ahead of the busy election period, either to the Health and Social Care Committee or to all Members, will be welcome. It'll also help us better understand whether and where additional attention is needed to deliver the Committee's recommendations.

I look forward to your reply in due course and will see that it is shared with *Claire's Campaign*.

Yours ever



David Rees MS

Chair, Cross Party Group on Cancer

**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 JMHSC/00526/25

David Rees MS  
Member of the Senedd for Aberavon

[david.rees@senedd.wales](mailto:david.rees@senedd.wales)

17 March 2025

Dear David,

Thank you for your letter of 18 February on behalf of the cross-party group on cancer about the Senedd's Health and Social Care Committee's inquiry into gynaecological cancer.

Following the publication of the written statement about [improving gynaecological cancer](#) on 10 December, there have been a series of updates about our approach to cancer in general and to gynaecological cancer, including:

[Plenary 22/01/2025 - Welsh Parliament](#)

[Oral Statement: Publication of the NHS Wales Women's Health Plan \(10 December 2024\) | GOV.WALES](#)

[Addressing gynaecological cancer care: a Plenary debate](#)

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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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.