

Briefing to Inform the Committee Inquiry – Cancer Services in Wales

Submitted to the Public Accounts
and Public Administration
Committee

Public Health Wales

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Executive Summary

Cancer remains the leading cause of mortality in Wales, accounting for a quarter of all deaths in 2024. There were 9,123 new cancer deaths in 2024.

- ❖ Lung, bowel (colorectal), prostate and female breast cancers accounted for four in 10 cancer deaths in Wales in 2024, with lung cancer alone accounting for two in 10 (one fifth of) cancer deaths.
- ❖ Over half of all cancer deaths in Wales are in people aged 75 years and over
- ❖ Cancer mortality rates remain higher in the most deprived areas compared to the least deprived areas in Wales.
- ❖ Men continue to have more deaths from cancer than women in Wales (4,895 deaths vs. 4,228 deaths in 2024), although the gap in the mortality rate is narrowing.

Although there has been a long-term reduction in lung cancer mortality, with the rate declining in men by 38% between 2002 and 2024, the rates for women have remained relatively static. Lung cancer shows the widest socioeconomic inequalities in mortality of the four most common cancers, with mortality rates 2.5 times higher in the most deprived areas compared to the least deprived in 2024. This mirrors smoking rates, which are three times higher in the most deprived areas than in the least deprived.

1 The role of Public Health Wales

Public Health Wales is the national public health organisation for Wales, aiming to improve health outcomes and reduce inequalities. It plays a central role in disease prevention, health protection, and public health system leadership. It supports the Welsh Government, the NHS in Wales, and all other sectors, through data, screening, surveillance, support for healthcare systems and health improvement programmes.

2 Screening Services

Table 1 below, demonstrates the eligible populations, activity during 2022 – 2023 and key challenges for each cancer screening programme.

Table 1: key data for Breast, Bowel and Cervical Screening

	Eligibility	Data (2022-23)	Key Challenges
Breast Screening	Women aged 50-70	<ul style="list-style-type: none">• 151,155 invited• 122,190 screened• 1,182 cancer diagnoses	Delays in assessment due to workforce shortages and technical issues, especially in North Wales.
Bowel Screening	People aged 50-74.	<ul style="list-style-type: none">• 417,683 invited• 269,240 tests returned• 376 cancers detected	Colonoscopy waiting times by health boards exceed the 28-day standard, averaging over 11

		<ul style="list-style-type: none"> • 2,733 polyps removed. 	weeks. Actions include monthly endoscopy team meetings, workforce expansion, and improved tracking tools.
Cervical Screening	Individuals aged 24 years and eight months to 64 years.	<ul style="list-style-type: none"> • 284,226 invited • 170,892 screened • 1,314 high-grade cytology samples reported. 	Exploring self-sampling to improve uptake.

Screening uptake is lower in deprived communities and among younger age groups. Public Health Wales has developed a Screening Equity Strategy focusing on communication, community engagement, service delivery, and data monitoring.

3 Lung Cancer Screening

Following a successful pilot and UK-wide recommendations, the Welsh Government approved a national lung cancer screening programme on the 28 June 2025. Public Health Wales will lead its implementation, using low-dose CT scans for high-risk individuals and integrating smoking cessation support.

4 Prevention and Health Improvement

Public Health Wales has over 20 preventive programmes, five of which are directly linked to cancer prevention. These are:

1. A major programme on tobacco control and smoking cessation which has multiple workstreams from direct support to people through Help Me Quit programme, hospital-based interventions and targeted campaigns to supporting legislation and regulation development.
2. Promoting early childhood nutrition, healthier food environments and physical activity. For example, this includes supporting the Welsh Government in the development of regulations like the Food (Promotion and Presentation) (Wales) Regulations 2025, to reduce unhealthy food marketing. The rate of cancers caused by overweight and obesity has risen. Twenty nine per cent of four to five year olds, and over 60% of adults in Wales are overweight or obese.
3. Working on alcohol early intervention and policy support (for example, Minimum Unit Pricing).
4. Delivering a national programme to train healthcare staff to promote healthy behaviours during routine interactions, focusing on smoking, alcohol, diet and physical activity.
5. Our Prevention Based Health and Care Framework seeks to ensure primary care takes action to prevent cancer and other serious diseases.

Public Health Wales is currently reviewing its programmes to identify what further gains we can make in preventing cancer. We would be happy to provide the

Committee with a further detailed briefing on our tobacco and smoking programme.

5 Welsh Cancer Intelligence and Surveillance Unit (WCISU)

The Welsh Cancer Intelligence and Surveillance Unit (WCISU) maintains a population-based cancer registry aligned with World Health Organization (WHO) standards. It supports surveillance, research and policy development.

WCISU recently published updated cancer mortality data for 2023 and 2024, released a first analysis of cancer incidence by ethnicity in Wales and linked cancer registry data with the SAIL database (in Swansea University) to explore socio-demographic inequalities.

Public Health Wales plans to publish a strategy later in 2025 to improve data timeliness and registry efficiency.

1. Introduction

This briefing seeks to inform the Public Accounts and Public Administration Inquiry into Cancer Services in Wales and addresses:

- ❖ Our background and role within the public health system in Wales.
- ❖ Our cancer screening programmes in Wales including our role in the provision of lung cancer screening in Wales.
- ❖ Our role in the prevention of ill health in Wales.
- ❖ The Welsh Cancer Intelligence and Surveillance Unit.

2. Public Health Wales and the Public Health System

We are the National Public Health Organisation for Wales. Our purpose is working together for a healthier Wales. We help all people in Wales live longer, healthier lives. With our partners, we aim to increase healthy life expectancy, improve health and well-being and reduce inequalities for everyone in Wales, now and for future generations.

Together, our teams work to prevent disease, protect health and provide system leadership, specialist services and public health expertise. We are the primary source of public health information, research and innovation, and work in collaboration with our partners across all sectors including the NHS, local authorities, education, housing, policing, employers and the third sector to drive improvements in health and wellbeing.

We are working towards a Wales where people live longer, healthier lives and where all people in Wales have fair and equal access to the things that lead to good health and well-being. This is at the heart of our Long-Term Strategy which takes us to 2035.

2.1. System roles and responsibilities

Public Health Wales was established in 2009, by the then Minister for Health and Social Services, following a review of the public health functions of national health organisations and units in Wales, which was undertaken in 2006. The formation of a unified public health organisation was announced on the 30 September 2008. This set out the establishment of an independent NHS body that incorporated the functions from a number of pre-existing entities which were:

- ❖ Screening Services
- ❖ National Public Health Service for Wales (NPHS)
- ❖ Wales Centre for Health (WCfH)
- ❖ Welsh Cancer Intelligence and Surveillance Unit (WCISU)
- ❖ Congenital Anomaly Register and Information Service (CARIS).

This meant that, for the first time, an independent NHS body was created in Wales with a clear and specific public health remit to provide professionally independent public health advice and services.

Public Health Wales has four statutory functions, two of which are directly relevant to the scope of this Inquiry. These functions are to:

- ❖ provide to or in relation to the health service in Wales, and manage a range of public health, health protection, healthcare improvement, health advisory, child protection and microbiological laboratory services and services relating to the surveillance, prevention and control of communicable diseases
- ❖ develop and maintain arrangements for making information about matters related to the protection and improvement of health in Wales available to the public in Wales, to undertake the provision and commission research into such matters and to contribute to the provision and development of training in such matters
- ❖ undertake the systemic collection, analysis and dissemination of information about the health of the people of Wales in particular including cancer incidence, mortality and survival, and the prevalence of congenital anomalies
- ❖ provide, manage, monitor, evaluate and conduct research into screening of health conditions and screening of health related matters.

Public Health Wales delivers seven national screening programmes and manages the Antenatal Screening Wales Clinical Network, to assist the early detection, prevention and treatment of disease.

It also runs, or co-ordinates with partners across Wales, over 20 strategic health improvement programmes examples of which are smoking cessation, physical activity uptake and the All Wales Diabetes Prevention Programme. Working with primary care, we also run programmes on improving the preventive impact of health services such as early identification of people at high risk of disease

In addition, Public Health Wales runs the Welsh Cancer Intelligence and Surveillance Unit (WCISU).

Further information on current cancer data and demographics is provided in section 6.

2.2. Health Boards

Health board public health responsibilities for their population include:

- ❖ improving physical and mental health outcomes
- ❖ promoting well-being
- ❖ reducing health inequalities across their population
- ❖ commissioning services from other organisations to meet the needs of their residents.

Each health board includes an Executive Director of Public Health, who has responsibility for protecting and improving the health of their population. In October 2022, specialist Local Public Health Teams transferred from Public Health Wales to health boards to strengthen the delivery of public health at a local level.

3. Screening Services

Our Screening Division is responsible for the delivery of three population cancer screening programmes for the eligible population in Wales: Breast Test Wales, Bowel Screening Wales and Cervical Screening Wales.

3.1. Breast Screening Programme

Women aged 50-70 years who are resident in Wales, and registered with a GP, are offered breast screening every three years at either a mobile unit in their locality or at one of the centres in Llandudno, Wrexham, Swansea or Cardiff. Table 2 demonstrates the eligible population, activity and cancer diagnosis for our breast screening programme in 2022 - 2023.

Table 2: Breast Screening Wales key figures April 2022 – March 2023

Number of individuals aged 50 – 70 years invited for screening	151,155
Number of individuals screened	122,190
Number of individuals diagnosed with breast cancer	1,182

3.2. Bowel Screening Programme

People aged 50 to 74 years resident in Wales and registered with a GP are invited for bowel screening every two years. The invitation letter, information pack and test are sent by post for completion at home and returned to the central screening laboratory in the prepaid envelope provided. Participants with positive results require further investigations and are invited for an assessment of their fitness for colonoscopy with a Screening Practitioner in a health board. If considered medically fit, colonoscopy is offered to the participant and, if accepted, this is undertaken by the health board at a hospital local to the participant. If a participant is not fit for colonoscopy, a Computed Tomography Colonography (CTC) scan is usually offered.

Depending on the findings after colonoscopy, participants are either:

- ❖ returned to routine recall
- ❖ put onto a surveillance programme according to the number and size of polyps identified
- ❖ referred to the multi-disciplinary team following a diagnosis of cancer.

Table 3 demonstrates the eligible population, activity and diagnosis for our bowel screening programme in 2022 - 2023.

Table 3: Bowel Screening Wales key figures April 2022 – March 2023

Number of individuals aged 50 – 74 years invited for screening	417,683
Number of tests returned	269,240

Number of individuals diagnosed with bowel cancer	376
Number of individuals with polyps detected and removed	2,733

3.3. Cervical Screening Programme

Eligible individuals in Wales are invited for cervical screening from age 24 years and eight months, up to 64 years of age. Eligible individuals resident in Wales and registered with a GP as female are sent a letter inviting them to make an appointment for cervical screening. People with a cervix within the screening age range can be offered cervical screening and will be sent invitations if they let the programme know.

Table 4 demonstrates the eligible population, activity and abnormal cell detection for our cervical screening programme in 2022 - 2023.

[Table 4: Cervical Screening Wales key figures April 2022 – March 2023](#)

Number of individuals aged 25 – 64 years invited for screening	284,226
Number of individuals who took up screening offer	170,892
Number high grade cytology samples reported	1,314

3.4. Current Performance, Challenges and Risks

3.4.1 Uptake of the Screening Offer

Taking up the screening offer is lowest in the most deprived communities compared to people who live in the least deprived communities. Uptake is also lower in the younger age groups which aligns to uptake being lower in those who are invited to screening for the first time. [Screening Division Inequity Report 2023 - Public Health Wales](#)

To address inequities in the uptake of the screening programmes, the Screening Division has developed a Screening Equity Strategy across five themes of Communication, Community and Engagement, Collaboration, Service Delivery and Data and Monitoring.

Key actions within the Strategy include the following:

- ❖ A video has been published demonstrating what to expect when attending their Breast Screening appointment to alleviate concerns. This is a result of feedback from women eligible for screening.
- ❖ Bowel Screening Wales brought together partners from health boards, primary care, the third sector and representation from prison healthcare to understand challenges of inequities in bowel screening and collaboratively developing approaches to address barriers.
- ❖ Cervical Screening Wales are exploring options for implementing self-sampling to try and address barriers of taking up screening through traditional healthcare services.
- ❖ The collection and sharing of good quality data on inequities in all adult screening programmes to inform the development of targeted interventions.

3.4.2 Colonoscopy Timeliness

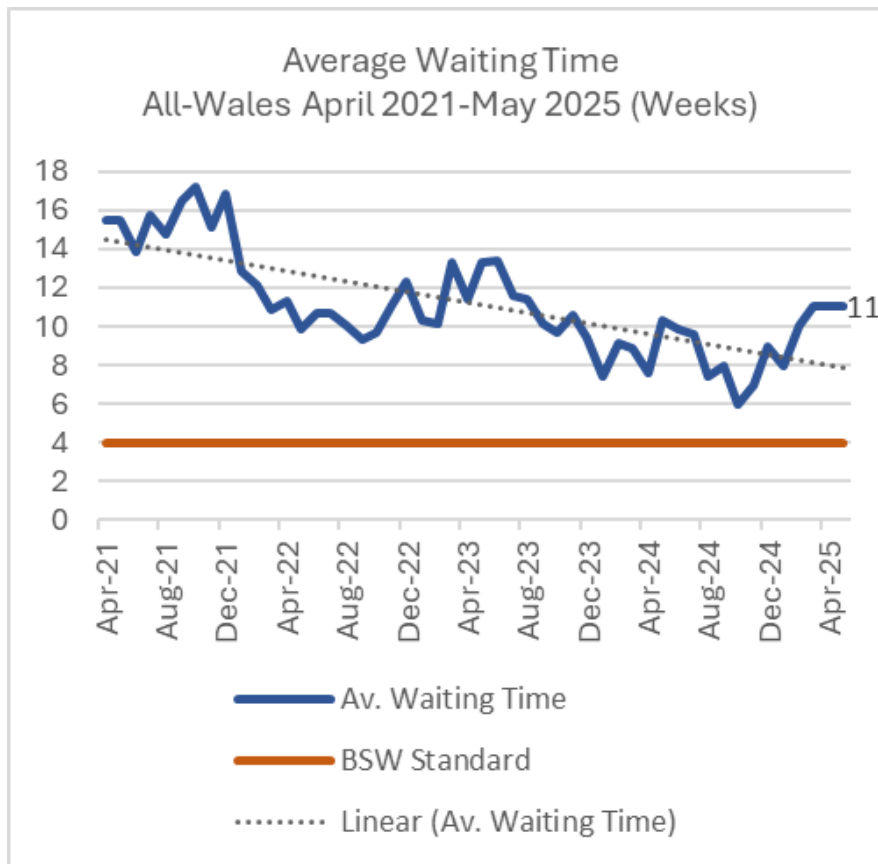
Bowel Screening Wales has gradually optimised (increased) the eligible screening population from inviting people aged 60-74 years, to now including those aged 50-74 years. This is in line with the Welsh Government's policy which followed a recommendation from the UK National Screening Committee.

Optimisation has been implemented in a staged way which commenced in October 2021 and is on schedule to complete by July 2025. The programme has improved the sensitivity of the screening faecal immunochemical (FIT) test which, alongside the age expansion, has resulted in a planned and predicted increase in demand for screening colonoscopy procedures and associated diagnostics. This has been regularly communicated to health boards since 2019, with modelled demand regularly updated and funding through our Long Term Agreements with health boards (who we commission for this service) has increased annually based on the expected screening demand.

The waiting time standard for a screening colonoscopy delivered by the health boards is 28 days from the date the FIT-positive screening participant contacts Bowel Screening Wales to arrange a pre-colonoscopy assessment with the Screening Practitioner. This standard is divided into two components: 14 days from contact with Bowel Screening Wales to the date of the screening practitioner assessment (to ensure the participant is medically fit to undergo the colonoscopy and provide the participant with information about the procedure). Then, a further 14 days from the assessment to the date of colonoscopy. Combined, these component waits make up the screening colonoscopy waiting time of 28 days.

Figure 1 shows the average waiting times for a screening colonoscopy from April 2020 to May 2025.

Figure 1: Average Waiting Times for a screening colonoscopy



Data source - Bowel Screening Programme monitoring data received from health boards

The current average wait, as of the 27 June 2025, is 11 weeks and six days across the seven health boards (ranging from six weeks and five days to 16 weeks and six days).

Action being taken to work with health boards to improve this includes the following:

- ❖ Bowel Screening Wales meets monthly with all the endoscopy teams to discuss screening waiting times and screening capacity and to agree recovery plans.
- ❖ The delays have been escalated, with meetings scheduled between our Chief Executive and the health board's Chief Executive.
- ❖ The screening programme is expanding the pool of accredited Screening Colonoscopists and has increased health board Screening Practitioner resource to meet screening demand.
- ❖ Bowel screening specific dashboard and planning tool has recently been released to health board cancer tracking teams which will improve visibility of the screening route to diagnosis of bowel cancer for patients.

3.4.3 Breast Screening Assessment Timeliness

The breast screening programme standard is that 90% of participants requiring assessment have their first offered assessment date within three weeks of their initial screening appointment. The programme last met this standard in March 2020 prior to it being paused due to the Coronavirus pandemic.

All regions have shown a marked reduction in timeliness of interpreting the mammogram and issuing a result (known as image reading) since March 2025, which was partly due to the implementation of new Picture Archiving and Communication (PAC) system. The PAC system is an IT system used in hospitals and clinics to store, view, and share medical images like X-rays, MRIs, CT scans, and mammograms, enabling medical staff to make faster and more accurate decisions.

Timeliness has recovered in West Wales and improved in South Wales. Shortages in the medical workforce in the Breast Test Wales North region has meant that there is more limited capacity for image reading, result reporting and clinic assessments. Reduced surgical workforce availability in the Breast Test Wales North region, has led to delays in the assessment pathway. An action plan is in place and we are working closely with Betsi Cadwaladr University Health Board to recover the timeliness of the assessments.

Actions that are being taken forward to improve this include:

- ❖ Clinic bookings are optimised to ensure that all slots are booked and short notice appointments are offered.
- ❖ Participants requiring an assessment in Wrexham are currently being booked into Llandudno clinics.
- ❖ The South and West regions are supporting the North region to improve the timeliness of reading. The new PACs has enabled this ability given that images can be viewed regardless of location.
- ❖ A Radiologist in the South region is providing virtual support to the North region for assessment clinics.
- ❖ The assessment clinic capacity has increased in the South region with radiologist run clinics.
- ❖ Discussions are taking place with Betsi Cadwaladr University Health Board about surgical capacity in North Wales.

3.5. Future Service Developments and Opportunities

3.5.1 National Lung Cancer Screening Programme

Lung Cancer survival is significantly impacted by the stage of diagnosis, with around three-quarters of patients in Wales currently diagnosed at stage 3 and 4.

Low-dose CT screening of people at high risk of lung cancer detects three-quarters of lung cancers at stage 1-2, compared to one-quarter currently in Wales, and reduces lung cancer mortality by around 25%. In 2022, the UK National Screening Committee recommended that targeted lung cancer screening, with integrated smoking cessation service provision, should be implemented in the four UK nations. This recommendation has since been endorsed by the Wales Screening Committee.

Public Health Wales was commissioned by the Welsh Government to undertake a scoping project to make recommendations as to how lung cancer screening could be delivered in Wales, including the estimated costs and challenges of implementation. This project commenced in April 2024 and incorporated learning

from the pilot of lung cancer screening that was delivered in the North Rhondda area (in partnership between the Cancer Network and Cwm Taf Morgannwg University Health Board), as well as evidence from a wide range of other sources including the NHS England Lung Cancer Screening Programme and other trials and studies. A report was submitted to the Welsh Government in March 2025 and, on the 28 June 2025, the Cabinet Secretary for Health and Social Care announced the decision to introduce the screening programme in Wales.

Public Health Wales will lead the planning, implementation and delivery of this new lung cancer screening programme in Wales. This includes the identification of the eligible cohort of 'ever' smokers aged 55 to 74 years, a telephone risk assessment to identify those that are at high risk of lung cancer and a low dose CT scan delivered via mobile screening units to make them as accessible as possible for people to attend. There will be a three phased approach to implementation based on age, starting with the upper age range first and decreasing over time. Public Health Wales will deliver all elements of the screening pathway up to clinical suspicion of lung cancer, at which point there will be a transfer to health boards and secondary care services.

4. Prevention

The Health and Wellbeing Directorate of Public Health Wales provides a significant contribution to the primary prevention of cancer. A range of activities address the leading cancer risk factors of smoking, diet and weight, physical inactivity and alcohol.

4.1. A strategic shift to prevention

The Directorate is working with a range of partners to create a strategic shift to prevention across Wales so that public services and settings from schools to supermarkets promote better health by default. While outside the scope of this briefing, elements of this strategic shift relevant to cancer are already being developed or, in some cases, launched. This includes a prevention framework for healthcare, a national diabetes prevention programme and a national framework for preventive action in primary care.

4.2. Smoking prevention and cessation support

Smoking remains the single greatest preventable cause of disease and mortality in Wales. It is a major driver of health inequalities, with those living in the most deprived fifth of areas in Wales almost three times as likely to smoke as those in the least deprived areas. This contributes directly to cancer rates being highest in our poorest populations. In relation to smoking in Wales:

- ❖ The current adult smoking prevalence of 12.8% means that there were an estimated 330,000 adult smokers in Wales in 2023. An average of 3,845 deaths (10% of all deaths) and over 17,000 hospital admissions annually amongst adults over 35 in Wales were attributable to smoking in 2020-22
- ❖ Smoking prevalence has declined in the last decade. If it had not, there would be more than 170,000 additional smokers aged 18+ in Wales. 2.7% of 11–

16-year-olds reported smoking in 2023. Smoking amongst children and young people has also fallen steeply in recent decades, but the rate of decline has slowed in the last 5-10 years

- ❖ Achieving the Welsh Government's smokefree target (<5% of adults smoking by 2030) requires a focus on prevention and 'stopping the start' as well as smoking cessation activities. Wales has implemented several smoke-free policies including bans on smoking in enclosed public places and workplaces (since 2007), and more recently, smoke-free hospital grounds, school grounds, and public playgrounds (since 2021).
- ❖ Help Me Quit is promoted via integrated social marketing activities which are targeted at both specific audience segments as well as to the wider population in line with our strategic approach. Our Help Me Quit website has a conversion rate of clicks to referrals of 20% as of April 2025, from 16% achieved over the previous three years.
- ❖ Our 'Feel The Difference' campaign has been the primary promotional device since December 2022 and features key themes which the evidence tells us motivates smokers to seek cessation support (health, family/social, and finance). The evaluation of the campaign showed that it has helped to drive three consecutive years of growth in website self-referrals, with a 58% increase since 2022.

4.2.1 Smoking prevention activities

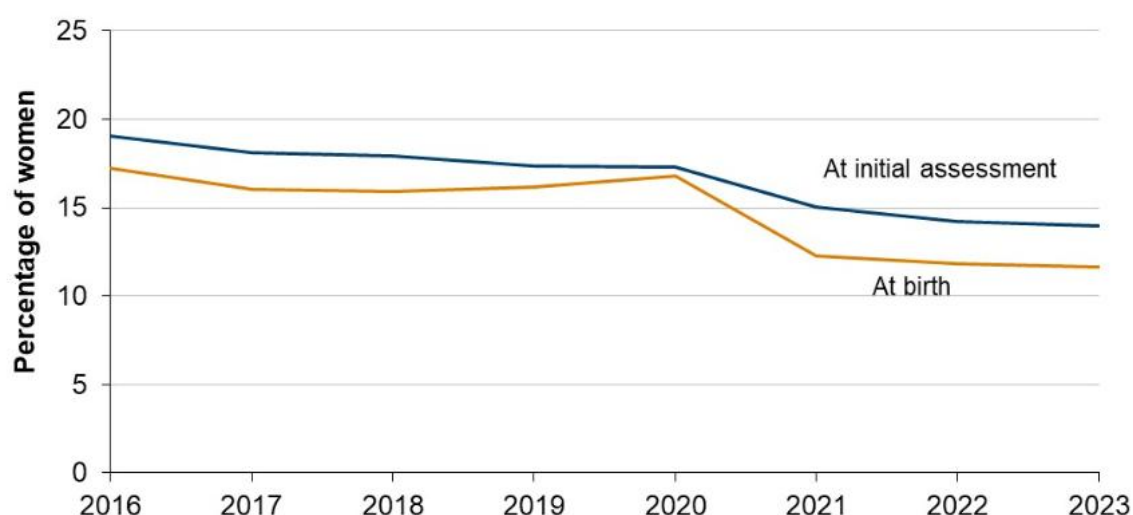
We continue to work closely with the health board Help Me Quit (HMQ) teams and pharmacies to enhance smoking cessation support and deliver impactful social marketing campaigns to drive service uptake. We have recently completed a service review with partners to identify actions we can take to improve access and outcomes.

Hospital admission offers a unique chance to offer smokers smoking cessation support as smoking not permitted on hospital sites in Wales. Public Health Wales leads implementation of a joint approach with health boards based on an end-to-end smoking cessation pathway (pre-admission, on admission, as inpatients and at discharge). The Help Me Quit in Hospital programme, jointly delivered with hospitals through all seven health boards, seeks to ensure people in hospital are supported to quit smoking. We will be extending approaches to include patient pre-admission and discharge elements of hospital pathways. Wales has led the way in the UK by prioritising action in acute mental health settings to address high smoking rates among patients. This includes a staff e-learning package to challenge misconceptions, highlight benefits of smoking cessation, develop skills to deliver brief advice on quitting, and increase awareness of available support/referral pathways. Training is supported by infographics, posters and leaflets. After two years, evaluation shows increased referrals to cessation services. In 2023-24 HMQ supported 2,433 smokers referred from secondary care.

The Reducing Smoking in Pregnancy programme provides specialized support to enable support pregnant smokers to become smokefree. This includes midwife and doctor support and tailored advice. Twelve per cent of women giving birth in Wales in 2023 were recorded as smokers (around 3,000 babies). Figure 2 below shows the decline in smoking rates, but more work remains to be done, for example smoking rates vary from 1% of pregnant woman in black ethnic groups to 14% in white ethnic groups. And while smoking rates at birth have fallen over

all age groups, 17% of pregnant women under 20 were recorded as smoking at birth. Figures for 2023 are due for release in July 2025.

Figure 2: Percentage of women recorded as a smoker at assessment and birth 2016-2023 (source: [Welsh maternity and birth statistics 2023](#))



4.2.2 Just B Smoke Free

JustB is a long-established school-based prevention programme which seeks to prevent young people in year 8 (12-13 year olds) from starting smoking. While it targets this age group (those most at risk of starting smoking), it also asks schools to develop whole school policies and approaches on tobacco control. JustB targets schools in schools and areas with higher smoking prevalence rates. The programme is being expanded to cover vaping.

4.2.3 Vaping in Wales

Public Health Wales continues to work on the impact of vaping. While switching to vapes from smoking has a range of health benefits for smokers there is no benefit of vaping for non-smokers, particularly children and young people. For this reason, it is already illegal to sell vapes to people under 18 years of age.

We have supported the development of the UK Tobacco and Vapes Bill and welcome the introduction of the ban on single use vapes in force from 1 June. The Environmental Protection (Single Use Vapes) (Wales) Regulations 2024 will address both environmental and health concerns around the proliferation of disposable vapes.

Patterns of vaping continue to change rapidly. Eight per cent of adults reported vaping in 2022-23, an increase from 6% in 2021-22. Seventeen per cent of 11-16-year-olds reported vaping at least weekly in 2023, an increase from 5.4% in 2012. Amongst 16-year-olds the proportion was 11.9%. More than a quarter of all learners aged 11-16 had tried a vape. Data from 2024 suggested that 23.3% of all 16-24-year-olds in the UK were using a vape, with around three in five vapers using a disposable vape. There is a clear consensus among health experts

that the availability and marketing of disposable vape products has driven a significant rise in vaping among children and young people.

The number of vapers in the UK appears to have plateaued in the population and fallen amongst 11-24 year olds since the start of 2025. Whilst a substantial proportion of 11-16-year-olds who vape also smoke, rises in recent years appear to have been driven by an increase in only-vapers.

In July 2023, Public Health Wales took an innovative approach by convening an Incident Response Group (IRG), based on an outbreak control model, to provide a rapid response to increased vaping amongst children and young people in Wales.

The IRG had representatives from public health, health boards, clinicians, Directors of Education, Trading Standards Wales, youth services and the third sector. It used rapid cycles of meetings (two to four weeks apart) to identify and define key issues, address evidence gaps, discuss policy and support options, and agree recommendations at all levels of the system, including education, support for young people and national policy, with Welsh Government receiving and responding to the report. IRG recommendations have informed support for children and young people at a local and national level, with recommendations including those in relation to disposable vapes and vape marketing reflected in subsequent devolved and UK legislation.

Public Health Wales has published guidance and support tools for schools and for parents.

Our Help Me Quit website has support for people who want to quit vaping.

4.2.4 New tobacco initiatives in development

There are a range of new tobacco initiatives that are currently in development. These are:

- ❖ A new jointly agreed ambition between Public Health Wales and Health Education and Improvement Wales seeks to improve the health of the NHS workforce in Wales, including reducing the risk of cancer. Given the size of the workforce, a successful programme will not only reduce deaths from cancer but will also have a positive impact on NHS performance.
- ❖ The forthcoming Tobacco and Vapes Bill will make it an offence for anyone born on or after the 1 January 2009 to be sold tobacco products, and includes new measures on the availability and promotion of tobacco and vapes. We will be working with the Welsh Government and key stakeholders to maximise the opportunities created by the Bill.
- ❖ Building on our Just B programme, we will work with education settings and workplaces to develop approaches and tools targeted at 16-24 year olds and to prepare young people for being a smokefree generation.
- ❖ As part of the Lung Cancer Screening Service, a targeted smoking cessation support offer will be rolled out.
- ❖ As part of our strategy to increase digital solutions to help people quit smoking more easily, Public Health Wales will shortly make available online, interactive

quit planning tools to increase quit commitment, with personalised quit plans and focused encouragement. These have been developed with support from evidence-based services in Scotland and the USA.

4.3. Promoting Healthy Weights and Active Lifestyles

Having a poor diet, being overweight and being obese contribute to a range of cancers, with further evidence of links between ultra-processed food and cancer. We take a life-course and whole system approach to promoting healthy weights, with action on early childhood nutrition, healthier food environments, active daily living and adult weight management pathways.

Good nutrition from conception is critical to healthy growth and development. The 2023/2024 Child Measurement Programme shows that 29% of four to five year olds in Wales are overweight or obese at school entry, highlighting the need to act before age four. It is far more effective to support children to maintain a healthy weight early than to reverse unhealthy patterns later. Over 60% of the adult population in Wales are above a healthy weight. The percentage of adults aged 16 years or older in Wales living with obesity has increased by 44% in the last 20 years, from 18% in 2003/04 to 26% in 2022/23. Actions that we are taking in this area include:

- ❖ We are working with the Welsh Government to strengthen policy and system-level frameworks optimal infant and young child nutrition, including working with the Welsh Government to develop and implement the Infant Feeding Action Plan.
- ❖ We have developed a Children and Families (PIPN) pilot programme in three areas of Wales – Anglesey, South Cardiff and Merthyr Tydfil. PIPN aims to develop an approach that supports young children and their families to live healthier and build healthier family habits in areas such as healthy eating, budgeting, sleeping, managing screen time and playing.
- ❖ Our whole systems approach to healthy weight funds and supports health boards across Wales to work with local stakeholders to address key drivers of overweight and obesity, working systemically to ensure access to healthier food, healthier advertising and healthier food in publicly owned settings.
- ❖ Twenty five per cent of our food energy intake is purchased and eaten out of home. Food purchasing decisions have a significant impact on food consumption in terms of calories, nutritional quality and ultra processed food content. As well as our work on local food systems we supported Welsh Government in developing the Food (Promotion and Presentation) (Wales) Regulations 2025 and will support implementation.
- ❖ Education settings provide an important setting to embed healthy habits. We are working with Welsh Government on the implementation of the Healthy Eating in Schools (Wales) Regulations and developing a whole-school approach to healthy eating and physical activity.

4.4. Reducing Alcohol Related Harms

Hospital admissions for alcohol show a significant socio-economic gradient. Alcohol-specific admissions from the most deprived areas are 2.8 times higher compared to the least deprived areas.

Our drug and alcohol team is working across Wales to:

- ❖ ensure a focus on primary prevention, focussing on those most at risk, through promoting early intervention, developing pathways for people before they develop serious problems, improving the health of people who use drugs and alcohol through access to general health services and reducing stigma
- ❖ facilitate population approaches to alcohol use, such as strengthening Minimum Unit Pricing and working within the licensing and planning system.

We will shortly publish our population needs assessment on drugs and alcohol which will identify further actions for preventing alcohol related harm and alcohol related cancer risk.

4.5. Making Every Contract Count

Making Every Contract Count (MECC) is a national programme which enables people such as healthcare professions to use conversations they have with others to motivate and encourage them to make changes to improve their health. Training modules have been recently updated and focus on building the skills and confidence of health and care staff to build health promotion activities into patient interactions, with a focus on health lifestyle changes including smoking cessation, weight management, alcohol consumption and physical activity.

4.6. Prevention Based Health and Care

This is a national framework, co-produced with practitioners, which identify components needed to shift the health and care system towards prevention. It supports clinicians, GP practices and others to identify populations who can benefit most from specific prevention interventions, identify the action needed and provides tools and resources to help them do this. The programme was launched in early summer 2025 and is currently being rolled out. More information can be found at [Prevention Based Health and Care - Public Health Wales](#)

5. Welsh Cancer Intelligence and Surveillance Unit (WCISU)

The Welsh Cancer Intelligence and Surveillance Unit (WCISU) is the National Cancer Registry for Wales. The register records information on every single case of cancer amongst Wales residents, wherever they are treated.

Cancer registries globally uniquely collect data according to the same World Health Organization (WHO) international rules, and so their data can be reliably compared across countries. WCISU aligns with these standards to produce a high quality gold standard whole population-based cancer incidence register (PBCR) for Wales, according to the statutory functions of Public Health Wales. The register records information on every single case of cancer amongst Wales residents.

The Cancer Registry is created through a combination of automation and expert cancer registration officers applying the international rules and validation to a

number of sources of NHS and other demographic data to form one complete and accurate annual dataset of cancer incidence in Wales. The cancer registry supports a wide range of functions including epidemiological cancer surveillance, screening, research, and cancer public health policy

We have completed registrations for 2022 with publication due in October this year and are now working through the 2023 data. There are a number of reasons for the time lags:

- ❖ the number of new cases is increasing year-on-year. There is a time and resource cost to each validated case of cancer registered amongst Welsh residents
- ❖ there were - and still are - increasing data quality issues with one of PBCR's former (and ongoing for now) major source data flows, namely CANISC (the former cancer informatics system) as it reached 'end of life' and lack of software support and updates
- ❖ Clinical coding of Patient Episode Database for Wales (PEDW) data backlogs in health boards and trusts.

The CANISC replacement came in during 2023 and we will soon be able to assess the impact of this. There are expected benefits from data standards and, as with all new data sources, there are usually some teething problems. Once we begin processing the data we will be able to fully assess the benefits and any data quality issues from the change in systems. It is also important we optimise the cancer information system given that new data types, such as genomics, will increase the amount of data to be processed.

Public Health Wales recognises the need to improve the timeliness of the cancer incidence data and registration process. Later in 2025, once the impact of the CANISC replacement is clearer, we will publish a plan for how we aim to improve the timeliness of these important data.

6. Appendix 1: Data requests from the Committee

Cancer data request submission

On the 2 April 2025 the Committee asked Public Health Wales to provide information on the following:

- ❖ What data is available comparing cancer mortality and survival outcomes in Wales to other UK nations and internationally.
- ❖ What data is available on cancer stage at diagnosis to understand variation at lower super output level and below in Wales
- ❖ An update on the Unit's work with the SAIL database to link cancer registry data to other relevant datasets to understand the impact of social and demographic factors on cancer incidence.

Our response was submitted on the 22 April 2025 and is available to view here:

<https://business.senedd.wales/documents/s160876/PTN%206%20-%20Response%20from%20Dr%20Tracey%20Cooper%20Public%20Health%20Wales%20to%20the%20Chair%20regarding%20Cancer%20Services%20i.pdf>

New data publications

We undertook to ensure the Committee was informed when our latest information was published.

There are two new publications in June this year. We have improved the timeliness of our cancer mortality statistics and brought these up to date by publishing both 2023 and 2024 data. In addition, we have linked data in SAIL to enable our first analysis of cancer inequalities by social characteristics. This includes the first publication of cancer incidence by ethnicity in Wales. Links to the publications are below:

[Cancer mortality in Wales 2002-2024](#) (published on the 18 June 2025)

[Inequalities in cancer incidence in Wales by socio-demographic characteristics, 2011-2020](#) (published Thursday 5 June 2025)