

Cross-Party Group Minutes

Cross Party Group Details

Cross Party Group Title:

Cross-Party Group on Cancer

Date and time of meeting:

10-11am, 28 November 2025

Location and state of holding (in-person/ remote/ hybrid):

Remote

Name of Group Chair:

David Rees MS

Name of Secretary and Organisation:

Ella Davies, Cancer Research UK

In attendance:

Name/title/organisation:

David Rees MS

Mark Isherwood MS

Emily Hearne, Staff Cymorth yr Aelod | Member Support Staff for David Rees MS

Simon Scheeres, Cancer Research UK

Ella Davies, Cancer Research UK

Diana Jupp, Pancreatic Cancer UK

Oscar Dinn, Pancreatic Cancer UK

Greg Pycroft, Tenovus Cancer Care

Hugh Adams, Brain Tumour Research

Lewis Scott

Andrew Reynolds, Young Lives vs Cancer

Katherine Dew, Brain Tumour Research

Emily Waller, Pancreatic Cancer UK

Rebekkah Mudd, Tenovus Cancer Care

Amy Capper, Myeloma UK

Holly McConnell, Leukaemia UK

Rachel Lawrence, Moondance Cancer Initiative

Tessa Phillips, NHS Wales Performance and Improvement

Lewis Miller, Leukaemia UK

Bethan Jones, Tenovus Cancer Care

Joanna Williams, NHS Wales Performance and Improvement

Rhian Stangroom-Teel, Macmillan Cancer Support

Hannah Buckingham, Macmillan Cancer Support

Russell Banner, Swansea Bay University Health Board

Owen Nicholas, Swansea Bay University Health Board

Matthew Jones, Breast Cancer Now

Clair Thorstensen-Woll, The Brain Tumour Charity

Eirlys Edwards, Sir Gareth Edwards Cancer Charity

Nick Mowbray, Swansea Bay University Health Board

Guy Shingler, Swansea Bay University Health Board

Sarah Gwynne, Swansea Bay University Health Board

Apologies

N/A

Summary of meeting:

The meeting focused on the less survivable cancers in Wales – lung, pancreatic, liver, brain, oesophageal and stomach cancer. The session heard from the Less Survivable Cancers Taskforce’s Wales-subgroup about progress made over recent years across the less survivable cancers in Wales. It also heard from the Chief Executive Officer of Pancreatic Cancer UK about the challenges facing patients diagnosed with pancreatic cancer and opportunities on the horizon to improve earlier and faster diagnosis of pancreatic cancer in Wales.

Ella Davies (**ED**) began the session with an AGM and highlighted that all members of the group had voted in support to keep the Chair and Secretariat in post. **ED** also provided an overview of the previous year’s sessions and events, as well as an overview of the group’s financial details for the last year.

Simon Scheeres (**SS**) introduced the first speaker, Greg Pycroft, Chair of the Wales Subgroup of the Less Survivable Cancers Taskforce to present. **GP** provided an explanation of the taskforce, as a coalition of charities in the UK which has been campaigning against poor cancer outcomes associated with the less survivable cancers, and the Wales subgroup has been supported by Tenovus Cancer Care since 2022. The taskforce has helped draw attention of the Senedd and public to poor symptom awareness associated with the less survivable cancers and the poor survivability compared to other international examples and to other common cancers.

GP defined the less survivable cancers as brain, lung, liver, pancreas, oesophagus and stomach and noted they are difficult to detect early and as a result of late diagnosis, are also difficult to treat. He highlighted that research, underfunding, lack of pathway optimisation and stigma around these cancers contribute to what is referred to as the deadly cancer gap – an inequity which the Taskforce is calling to be addressed. In Wales, the Taskforce is targeting policymakers ahead of the Senedd Election in 2026 with specific calls for the next government to implement to tackle the unique challenges associated with the less survivable cancers.

GP also highlighted progress in this area, namely the commitment to deliver a national targeted lung screening programme across Wales and the UK Parliament’s Rare Cancers Bill which aims

to transform research across the UK into cancers that affect fewer than one in 2000 people, and the Welsh Government's Tackling Cancer Initiative to accelerate the pace of innovation and improve cancer outcomes across the pathway in Wales.

SS invited the next speaker, Diana Jupp (**DJ**), Chief Executive Officer of Pancreatic Cancer UK to present on challenges of pancreatic cancer diagnoses in Wales.

DJ began the presentation by highlighting that pancreatic cancer is the least survivable cancer in Wales, with half of the 408 people diagnosed every year in Wales, sadly dying within three months of their diagnosis, and only 8.5% surviving for five years. **DJ** noted these figures reflect the challenges which are consistent across the UK, as well as in Wales.

DJ explained that there are limited screening programmes and no biomarkers or easy ways to use tests available today, making it challenging to diagnose people at an early stage. As a result, 76% of people in Wales are diagnosed at a later stage which limited treatment options and 70% of people diagnosed with pancreatic cancer do not receive any form of active treatment at all, with surgery being the only potentially curative option, which only 10% can receive. **DJ** explained that this is compounded by wider issues with primary care such as access and long GP waits, as well as a limited capacity for diagnostic investigations. As a result, **DJ** advises the NHS is not set up to diagnose people with pancreatic cancer rapidly at an early stage.

DJ highlighted the significant variation in practice pathways and specialist workforce across Wales, further leading to delays to diagnosis and treatment. The national pancreatic cancer audit highlighted that only 25% in Wales were treated within the 62 days referral target.

DJ provided an overview of the opportunities on the horizon to improve earlier and faster diagnosis of pancreatic cancer in Wales, including identifying people who have recently been diagnosed with diabetes as having a higher risk of developing pancreatic cancer, with a pilot being launched in England and calls for the Welsh Government to launch a pilot in Wales. **DJ** explained that the surveillance of people with inherited risk of pancreatic cancer is currently available through a national study, EUROPAC, but it has not been implemented routinely or consistently across the UK, and Pancreatic Cancer UK wants to work with the Welsh Government and NHS Wales to develop better ways to identify and refer patients to pancreatic cancer surveillance programmes as well as ensuring there is long-term sustainable pathway infrastructure and central funding to underpin such a programme. **DJ** highlighted research to develop the world's first breath test for pancreatic cancer which aims to identify people with vague symptoms who are most likely to have pancreatic cancer. This would mean that people with suspected pancreatic cancer could be referred quickly for further tests. A first phase of the study is being undertaken from sites across the UK, including Swansea. The research has so far

yielded promising results and is moving to the next stage of development into a large-scale clinical trial. If successful, the test could be in the hands of GPs within the next five years, which could save thousands of lives every year.

DJ finished her presentation by providing an overview of the potential opportunities for improving survival and quality of life for people diagnosed with pancreatic cancer in Wales. This included calling for the Welsh Government to undertake a new-onset diabetes programme, similarly to what is being rolled out in England; a long-term national surveillance programme to identify and refer patients into pancreatic cancer surveillance; and to ensure there is long-term sustainable pathways, infrastructure and funding to underpin the surveillance in Wales; and finally, the comprehensive commissioning of the vague symptom RDCs and the national optimal pathway for pancreatic cancer. **DJ** highlighted that while there are challenges, there are also opportunities on the horizon which could shift the dial for people with pancreatic cancer in Wales.

SS invited attendees to put questions to the speakers. **SS** asked **GP** about the action plan for less survivable cancers and how it would fit into a wider call for a cancer plan in Wales.

GP responded by explaining that an action plan for less survivable cancers could be made to compliment and flow from a wider cancer strategy; and that any cancer strategy implemented in Wales could have a focus on the less survivable cancers, although it too early in its proposals to be drafting the fine detail for such a plan. **GP** also highlighted that there will be a less survivable cancers week in January 2026 and an event will be held in the Senedd to influence Senedd Members on the importance of addressing less survivable cancer in Wales.

Dr Owen Nicholas (ON) puts forward a question on access to diagnostic services as a critical factor to delivering progress in this area, giving an example of a potential lack of staffing to deliver a targeted lung cancer screening programme. **ON** highlights that there is an insufficient number of radiologists in Wales which is critical to early diagnosis for pancreatic cancer and there are challenges facing access to early scans such as endoscopic ultrasounds across Wales. Despite the Welsh Government investing in additional training places for radiologists, there is a lack of positions available for them in the NHS in Wales which is resulting in trainees moving across to other parts of the UK. **ON** suggests funding is being spent on insourcing and outsourcing and could therefore be redirected to offering positions to boost the number of radiologists in Wales.

Dr Sarah Gwynne (SG) reflected on research in the less survivable cancers, in particular that there are less clinical trials running in these cancer types and asked how we could leverage some of the commitment to accessing research for these cancers of unmet.

GP responded to **SG** to explain that some of the members of the taskforce are funders of research and have an interest in identifying and supporting early-stage research and where it is available. **GP** explained that Professor Richard Adams is leading on work in this area within the Tackling Cancer Initiative, with a decision expected shortly from the Welsh Government into whether work to accelerate research and clinical trials to patients is going to be taken forward. **GP** suggests reaching out to the Cross-Party Group on Cancer Secretariat if further information is wanted on this.

DJ added that this discussion has been centred around high level policy changes, but it is critical to ensure access to clinical trials is prioritised and that teams are aware of how to refer patients quickly and easily onto a trial, yet it is often complicated across the UK. Therefore, improvements are needed to make it easier for patients and clinicians to know where the trials are and how to be referred onto them. **DJ** agrees with **ON** that it is critical that a commitment for resourcing is critical going forward, commenting that even if we manage to successfully improve access to new clinical trials, ensuring there are enough people will be fundamental.

David Rees MS, Chair asked **ON** to provide some wider data on shortages within radiology in order to put these concerns to the Welsh Government.

Guy Shingler (GS) expressed concern about challenges with the updated national pancreatic pathway for Wales, which had experienced delays with development. **GS** indicated the updated pathway was originally designed to be faster than other UK nations, aiming to take patients from the point of suspicion to treatment within 28 days. However, challenges with the pathway's development resulted in a 28-day diagnostic window being set with another 21 days to treatment. As a result, there are concerns that the newly published pathway is slower than England, which has since moved to a 21-day diagnostic standard. **GS** noted that despite Wales initially aiming to be an exemplar, a slower model than intended has been delivered.

GS raised a further concern about a data gap in Wales compared to England, which is causing challenges with auditing as the data is not available. **GS** suggests improving data capture at a national level should be prioritised if improvements are to be made. **GS** also expressed concern about a five-year project he has been undertaking to centralise hepatobiliary (HPB) cancer care to a single site to avoid duplication in other areas. Despite extensive work, progress on the project has stalled due to a lack of communication between different bodies in Wales. **GS** highlighted that a lack of buy-in and coordination has left clinicians facing challenges with trying to progress the project.

The Chair suggested he would be happy to meet with clinicians in Swansea to discuss these concerns in more detail.

DJ agreed with **GS** and explained that Pancreatic Cancer UK is keen and plans to engage with the clinical community in Wales to hear about the impact of these concerns on pancreatic cancer specifically.

SS asked **DJ** if there is anything further, in addition to the breath test, that Pancreatic Cancer UK would like to see happening in Wales.

DJ responded that building on what has been discussed will be fundamental and ensuring that supportive care is in place for people once they receive a diagnosis. Funding and delivery of the national optimal pathway will be critical as it will not be optimal until some of these challenges have been addressed.

SS closes the meeting by thanking speakers and contributions from attendees.