



Public Accounts and Public Administration Committee

Cancer Services in Wales

18/03/2026

The Welsh Government's response to the Public Accounts and Public Administration Committee's report following its inquiry into cancer services in Wales.

The Public Accounts and Public Administration Committee undertook an inquiry into the national arrangements for cancer services in Wales and published its report and recommendations on 20 February 2026.

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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.

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 outcomes. 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.
- More specialist cancer services that are fragile or cannot meet clinical standards have reconfigured into more resilient health board wide or regional or super-regional services.
- The cancer patient record is delivered on a modern, stable and secure IT platform that enables greater integration of care and provides the relevant data to guide service delivery and development.

2. The Welsh Government works with NHS Wales 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 outcomes and 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 – as these services provide essential aspects of cancer pathways.

7. A further area of national focus has been cancer informatics and data. The Welsh Government has already invested more than £10m in replacing the functionality of the Cancer Network Information System Cymru, which included the patient's clinical record and data requirements for cancer care. Additional functionality and data requirements have been introduced through this programme to support better care integration between organisations, and better management data for health board operational teams and clinical audit. Digital Health and Care Wales has been provided with ongoing funding to further develop the new Cancer Informatics Solution, and the National Cancer Leadership Board is overseeing the implementation of a cancer data development roadmap to improve secondary uses of cancer data, including public reporting.

8. The Welsh Government recognises the importance of improving population health and preventing ill-health as a key component of improving cancer care and outcomes. In line with A Healthier Wales, the long-term vision for health and social care in Wales, action is needed at all levels to reduce preventable causes of cancer. That action needs to recognise the growing challenge that health inequalities present in Wales, with a widening gap in health outcomes that impacts both individuals and society. The Welsh Government continues to take cross-government action through its Health in All Policies approach to address health inequalities in Wales and tackle the wider determinants of health. Examples of its whole-government approach to address health inequalities and support cancer prevention includes strategies for improving air quality, reducing smoking rates, increasing physical activity and tackling obesity.

Response to the Committee's Recommendations

The Welsh Government will continue to work with the NHS in Wales to improve cancer care.

Recommendation 1: We recommend that the Welsh Government set realistic interim targets for cancer treatment and prioritise incremental improvement through staged targets before revisiting the target of 80 per cent of cancer patients starting treatment within 62-days.

Welsh Government response: Reject

The Ministerial Advisory Group on Productivity and Performance recommended no additional cancer targets are introduced and the move to an 80% threshold was ruled out in a **written statement**. 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 cancer set out the pathway milestones health boards should plan to deliver to meet the waiting time target. Performance is monitored monthly by the National Cancer Leadership Board, and the local improvement trajectory is reviewed monthly with each health board.

Health boards start with different relative positions – and this varies again by cancer type. Interim targets would have to be set per health board based on its relative performance and potentially be differentiated by 13 main types of cancer. For instance, Cardiff and Vale University Health Board's performance over the most recently reported 12 months is 65%, but during that time its performance was 90% for skin cancer, 68% for breast cancer, and 43% for urological cancer.

The Welsh Government remains focused on improving performance against the existing waiting time target and two health boards have demonstrated sustained improvement and been **de-escalated for cancer**.

Financial implications: None.

Recommendation 2: We recommend that the Welsh Government focus on accelerating the diagnosis phase and reducing delays between suspicion, diagnosis, and treatment to improve overall performance and patient outcomes.

Welsh Government response: Accept

The Welsh Government recognises the need to accelerate the diagnosis phase and reduce delays between suspicion, diagnosis and treatment. This remains the central focus of the Welsh Government's approach and current policy embeds

this ambition in the Suspected Cancer Pathway. It requires health boards to ensure patients receive timely diagnostic tests, so that treatment can begin within 62 days of first suspicion, with performance measured from the point at which cancer is first suspected rather than referred. In addition, the Cancer Improvement Plan highlighted longer diagnostic waits can lead to later-stage diagnosis and poorer outcomes, and therefore prioritises expanding diagnostic capacity, strengthening screening programmes, and introducing innovations such as liquid biopsy and lung health checks to support earlier detection.

The Welsh Government has championed the move to a single cancer pathway. It supported the introduction of National Optimal Pathways for each cancer type, and ensured diagnostic performance is recognised as a key determinant of cancer pathway performance. Looking ahead, the Welsh Government will continue to drive improvement by working with NHS Performance and Improvement to target diagnostic bottlenecks, support the deployment of new technologies, and strengthen transparency in pathway-stage reporting, ensuring that earlier diagnosis becomes the norm for patients in Wales.

The Welsh Government also approved a Cancer Recovery Programme in 2023, backed by £2m per year, to support health boards to change service models to improve the productivity and efficiency of cancer pathways, thereby making better use of available capacity. Significant improvements have been made in business intelligence functionality and management data to allow health boards to better manage patient pathways. More broadly, the Welsh Government is investing significantly in new diagnostic equipment, and diagnostic waiting list reduction, in support of its Diagnostic Recovery and Transformation Strategy.

Financial implications: Within current allocations.

Recommendation 3: To facilitate more robust scrutiny of performance in cancer services, we recommend that the Welsh Government reviews the data it currently collates on performance in cancer services. The review should identify opportunities for collating and publishing more granular data in order to provide a more complete picture of cancer service performance and patient experience.

Welsh Government response: Accept

The Welsh Government publishes monthly data on cancer performance broken down by health board and by main type of cancer. Digital Health and Care Wales also provide a more detailed **publicly accessible dashboard** that includes median and seventy-fifth percentile time to first outpatient appointment, diagnosis, and treatment. This information is published at the all-Wales level, by health boards, and by main cancer type.

Digital Health and Care Wales is working with health boards to introduce sub-tumour type reporting for closed pathways (a closed pathway is where a diagnosis of cancer has been made and first definitive treatment has taken place).

The Welsh Government is also consulting on the frequency of its official statistics reporting and will consider if quarterly reporting could provide a better indication of service performance. NHS management data for open cancer pathways (pathways where diagnosis has not yet taken place or has taken place, but first definitive treatment has not yet started) is not validated for accuracy and would not meet standards for official statistics. The Welsh Government will also work with Public Health Wales NHS Trust on the timeliness of cancer outcome reporting.

Financial implications: Within current allocations.

Recommendation 4: The Welsh Government should work with Health Boards to reduce variation in colonoscopies for bowel screening participants. In their response, the Welsh Government should set out actions for how they hope to achieve this.

Welsh Government response: Accept

The Welsh Government has established a national endoscopy programme within the planned care programme delivered by NHS Wales Performance and Improvement. This programme supports health boards to improve gastrointestinal endoscopy, including screening colonoscopy. A key aspect of its work is improving data on cancer waiting time performance, including for those people that present through the bowel screening programme. This is supporting better visibility of waiting times for treating those diagnosed by the bowel screening programme. The Welsh Government has also worked directly with health boards across Wales to reduce waiting times for screening colonoscopy and to encourage more endoscopists to become accredited screeners. Public Health Wales is also working directly with the chief executives of health boards on the relative prioritisation of bowel screening referrals.

Financial implications: Within current allocations.

Recommendation 5: Work to implement the lung screening programme should be expedited as soon as possible. The Welsh Government should provide a timeline to the Committee for doing this, with set dates for implementation.

Welsh Government response: Accept

Work to develop a national lung screening programme has already commenced and a **written statement** was issued in June 2025. The programme is expected to commence screening in early 2028. The Welsh Government is exploring options to further accelerate the introduction of the programme.

Financial implications: Within current allocations.

Recommendation 6: We recommend that Public Health Wales provides an update to the Committee on efforts to increase screening uptake and broaden data collection, particularly in relation to deprived communities and with other groups where take-up is considered to be low.

Welsh Government response: Accept

The Welsh Government is committed to everyone eligible for screening having equal access and opportunity to take up their screening offer using reliable information to make a personal informed choice. This is delivered through the Public Health Wales Screening Equity Strategy and Action Plan that focuses on reducing inequity and increasing screening uptake through the five key action areas of communication, community and engagement, collaboration, service delivery, and data and monitoring. This includes the development of accessible resources and information to support people to take up their offer. Resources are co-produced to ensure they meet the needs of participants. Tailored resources are also developed to address barriers to screening uptake for communities where low uptake has been identified to reduce screening inequities.

Data on uptake is monitored by local authority and GP cluster to identify areas where uptake is consistently below the all-Wales target. Public Health Wales works with local primary care teams and community partners in these areas to increase awareness of screening. This includes participation at local community health events and engagement opportunities, working closely with third sector, community training and support to develop community champions and advocates. Public Health Wales is also working on targeted initiatives to reduce inequity of uptake such as through direct telephone calls to non-responders to support personal informed choice and using behavioural science to review invitation letters. The refreshed Public Health Wales Screening Equity Strategy is due to be available in spring 2026.

Financial implications: Within current allocations.

Recommendation 7: We recommend that the Welsh Government provides an update on its revised governance and leadership structures, to provide assurance

on how these structures will strengthen accountability and reduce unacceptable variation in approaches to improve cancer performance. This update should set out clearly the responsibilities of the Welsh Government and the NHS Performance and Improvement (formerly known as NHS Executive), respectively.

Welsh Government response: Accept

The Welsh Government is responsible for setting the overall strategic direction for the NHS in Wales, including for cancer care. The Welsh Government has set out the strategic direction in the Quality Statement for Cancer and the NHS Planning Framework. In response to Audit Wales' report on cancer services, the Welsh Government introduced a National Cancer Leadership Board, chaired by the Deputy Chief Medical Officer, and reporting through the Department's Executive Director Team to Welsh Ministers. The National Cancer Leadership Board oversees the implementation of the Quality Statement for Cancer, the NHS Cancer Improvement Plan, and the NHS Cancer Recovery Programme.

NHS Wales Performance and Improvement is a national support function responsible for driving improvements in the quality of NHS delivered care. It provides expert support to NHS organisations to deliver policy requirements and to address variation in care quality, including for cancer. It delivers the monthly 1:1 meeting with each health board on cancer performance and supports NHS organisations to change service models and adopt innovative practice.

The National Cancer Leadership Board directs NHS Wales Performance and Improvement's one cancer team and its delivery of the cancer 1:1s with health boards. The Cancer 1:1s are the initial means of monitoring progress on health board cancer waiting time performance and implementation of the cancer improvement plan and cancer recovery programme. The Board is updating the cancer 1:1 meeting Terms of Reference to strengthen the assurance arrangements and routes of escalation.

Financial implications: None.

Recommendation 8: We recommend that the Welsh Government develops a longer term cancer strategy that moves beyond short-term plans by introducing a comprehensive cancer strategy for Wales spanning at least 10 years, with dedicated funding, measurable outcomes, and evaluation processes. This should include a national workforce plan for cancer services, prioritising recruitment and retention of specialists, as part of a wider approach to national workforce planning within NHS Wales.

Welsh Government response: Reject

Cancer outcomes reflect the socio-economic determinants of the population's health, population risk factors including lifestyles and co-morbidity, and the population's access to high quality healthcare. The Welsh Government recognises that long-term improvement in cancer outcomes requires cross-governmental action to address deprivation and health inequality, and cross-departmental action to improve population health and healthcare. These factors are not cancer specific and can only be addressed by wider policy and strategy.

The leading amenable causes of population risk for cancer, such as tobacco use and obesity, are risk factors for multiple diseases and conditions. In addition, every cancer pathway of care spans multiple clinical settings that are often not cancer specific. Improved prevention, earlier detection, and better access to treatment requires action at each step of the patient's pathway from general practice and emergency care, to diagnostic and outpatient care, to inpatient and surgical care, to oncology and palliative care, with Allied Health Professional support throughout.

The workforce implications of delivering cancer pathways require improvement across all clinical professions and clinical specialties involved in the cancer pathway – this includes many clinical specialties other than oncology, who deliver care to people with and without cancer. NHS organisations must deploy their available staff resource to deliver care across multiple disease pathways. For example, radiology is a crucial aspect of both cancer and non-cancer pathways of care. Access to imaging is one of the most important rate-limiting steps in cancer pathways, but radiology provides imaging to nearly all pathways of care.

NHS organisations must also develop the cancer patient record's integration with non-cancer specific digital systems that manage referrals, diagnostic test requesting and reporting, and treatment delivery and outpatient management. There are also significant equipment and facilities requirements – especially for radiology, pathology and medicines preparation – all of which are not cancer specific services but deliver vital aspects of cancer pathways of care. Finally, NHS organisations need to improve their capacity and capability to deliver research and adopt innovation to improve cancer care.

As a result, improvement in cancer outcomes and cancer care is difficult to include in a cancer specific strategy. As the Health and Social Care Committee has established, the management of multi-morbidity is also an increasingly important aspect of NHS delivered care. Services need to be designed to provide holistic care, so they are capable of managing people with multiple conditions or frailty who go on to develop cancer.

Cancer policy must be integrated and complement a very wide-ranging set of policies and strategies aimed at improving population health and population healthcare. These policies come together in respect of NHS delivered care through the NHS Planning Framework and are reflected in health board Integrated Medium-Term Plans. Overall, the policy approach is to work with the NHS to ensure services deliver high quality care in line with clinical guidelines and standards. The NHS in Wales does this by setting out nationally agreed pathways of care for services to implement and uses data to identify variation and inform accountability processes.

Any decisions about future strategic approaches to improving cancer outcomes will be for an incoming government to make.

Financial implications: None.

Recommendation 9: We recommend that work be undertaken to determine how to formalise third sector engagement. This should include meaningful participation of third sector organisations in governance, planning, and delivery, particularly for children and young people's cancer services.

Welsh Government response: Accept

The Welsh Government remains committed to working closely with the third sector in the development of services. The Welsh Government will establish a Memorandum of Understanding with the Wales Cancer Alliance to guide working arrangements and collaboration with the third sector. This will be underpinned by the Welsh Government's broader approach to partnership working. It should also be recognised that third sector members of the Wales Cancer Alliance include organisations that fund, deliver, or scrutinise NHS cancer care, and partnership arrangements need to appropriately reflect this consideration in terms of governance arrangements for NHS service delivery.

Financial implications: None.

Recommendation 10: The Welsh Government should provide updates on the implementation of their response to Recommendation 4 of the Auditor General's report on developing a more coherent approach to population health improvement. Further updates beyond the end of this Senedd term should be forwarded to our successor Committee.

Welsh Government response: Accept

The Welsh Government's response to Recommendation 4 of the Auditor General's report noted the evidence-led approach we take to preventing ill-health and reducing population level risk of cancer and major conditions. Developments include the establishment of the Preventing Ill-health Advisory Group chaired by the Chief Medical Officer, the latest Healthy Weight Health Wales delivery plan published in autumn 2025 with a focus on children, agreement on a national lung screening programme for Wales and progress in reducing smoking prevalence. Further updates on population health improvement will be provided to the successor Committee.

Financial implications: None.

Recommendation 11: We recommend that the Welsh Government works with Public Health Wales and Health Boards to reflect on how they address health inequalities within prevention strategies, to ensure they reflect the needs of deprived communities and high-risk groups to reduce disparities in cancer incidence.

Welsh Government response: Accept

The NHS Planning Framework for 2026-2029 sets out expectations for health boards and Public Health Wales on population health, prevention, and addressing health inequalities. This framework includes a key deliverable to 'Reduce inequity in the uptake in the most and least deprived areas in preventing ill-health especially in relation to vaccination, screening and diabetes prevention and care'. The guidance also sets out that health inequities must feature in all considerations of service planning and delivery so that resources are properly weighted towards population need. The Welsh Government will continue to work with Public Health Wales and health boards on equity plans and prevention, including screening and vaccination, and to address the wider determinants of health including through implementation of the Health Impact Assessment Regulations and by progressing the work of Marmot in Wales to tackle the root causes of ill health.

Financial implications: None.

Recommendation 12: We recommend that the Welsh Government works with Digital Health and Care Wales to accelerate the implementation of the second phase of the cancer informatics programme, ensuring interoperability across all health boards and reducing reliance on manual processes. The Welsh Government should work with them to set out a clear implementation plan

including a timeline, milestones and specify the responsible officers for delivering each stage of the plan.

Welsh Government response: Accept

The Welsh Government is prioritising the development of cancer informatics and data. In recent years, Digital Health and Care Wales (DHCW) has focused on the safe decommissioning of the Cancer Network Information System Cymru (CaNISC), addressing cyber security risk, legacy architecture, limited interoperability and long-term sustainability concerns. Through the Cancer Informatics Programme, replacement functionality was delivered via the Welsh Patient Administration System (WPAS), Welsh Clinical Portal (WCP) and Mediscan (Colposcopy and Screening), enabling a safe transition to business-as-usual operations. The Welsh Government has provided ongoing funding for Digital Health and Care Wales to develop the Cancer Informatics Solution to improve system integration and productivity in cancer data entry.

In line with the Cancer Data Development Roadmap, Digital Health and Care Wales has developed implementation options for improving the secondary uses of cancer patient data, including pathway tracking and public reporting. This next phase is anticipated to focus on delivering a fully integrated, analytically robust cancer pathway dataset aligned with national expectations. The work is being overseen by the National Cancer Leadership Board.

Financial implications: Within current allocations.

Recommendation 13: We recommend that the Welsh Government works with health boards to overcome barriers to regional working, including implementing shared waiting list functionality and standardising digital systems to enable seamless data exchange.

Welsh Government response: Accept

Cancer services are already significantly regionalised, including all radiotherapy, most systemic anti-cancer therapy, some surgical care, and the more specialist Multi-Disciplinary Teams or diagnostic techniques.

The Welsh Government is committed to supporting local access to services where this is appropriate and possible. In terms of cancer, most diagnostic or surveillance investigations can be delivered on a locality basis at district general hospitals. This supports patient access and avoids exacerbating inequalities. Where procedures reach a point of specialisation or workforce limitation that they require regionalisation, this is how services should be configured. For instance, some cancer surgery is increasingly specialised and can only be delivered to the required standard in regional or super-regional centres. This

configuration of service planning is supported in some cases by national commissioning arrangements managed by the NHS Wales Joint Commissioning Committee.

The Welsh Government cannot determine for health boards what services should be regionalised but has established two regional planning committees in south Wales for health boards to work together to identify and plan to commission non-specialised care at a larger scale. The Quality Statement for Cancer and the 2026 NHS Planning Framework includes specific requirements for health boards to identify opportunities for reconfiguration of services and regional working. This is supported by NHS Wales Performance and Improvement's role in identifying fragile services that would benefit from regional consolidation or additional regional capacity.

Financial implications: within current allocations or subject to national business case processes.

Recommendation 14: We recommend that the Welsh Government works with Health Boards to address recruitment challenges for clinical coders.

Welsh Government response: Accept

The Welsh Government is strengthening the national Clinical Coding Working Group as a component of the new NHS Wales governance framework. It will work in close collaboration with health boards and support national leadership and assurance. It will look to improve workforce resilience, efficiency, and coding quality through the development of consistent national training, support, and audit frameworks. It will drive the appropriate use of digital and technological opportunities, developing a clear national strategy that supports and enhances local delivery across the short-medium and longer term.

Financial implications: within current allocations.

Recommendation 15: We recommend that the Welsh Government look at accelerating IT solutions and specifically the implementation of cancer informatics upgrades to reduce reliance on manual processes and improve timeliness and accuracy of reporting.

See response to recommendation 3.

Financial implications: within current allocations.

Recommendation 16: We recommend that improvements are made to prioritise automation of data collection from source systems such as radiotherapy, chemotherapy and surgical systems to improve accuracy, timeliness, and reduce administrative burden. This should include implementing mandatory fields to reduce “unknown stage” classifications to improve data quality and compliance.

Welsh Government response: Accept

NHS Wales Performance and Improvement, DHCW, health boards and NHS trusts are working collaboratively to improve the integration of systemic anti-cancer therapy (SACT) and radiotherapy data at a national level. This work aims to address variation in recording, improve data accuracy and completeness, whilst reducing the burden of manual data entry. The implementation of the cancer data development roadmap and further development of the cancer informatics system will identify any new requirements for mandatory data fields.

Financial implications: Within current allocations.