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Peter Fox MS, Chair
Health and Social Care Committee
Senedd Cymru
Cardiff
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18 September 2025
Our Ref: 001/PF/Unheard
Your Ref:

Dear Mr Fox,

Thank you for this opportunity to respond to the correspondence issued by the Welsh Government in response to the Health and Social Care committee enquiries concerning implementation of the *Unheard* report recommendations.

Before issuing our response Committee questions we also want to express our sincere gratitude to the Health and Social Care Committee for finding the time to revisit their earlier inquiry into gynaecological cancer services that led to the publication of the *Unheard* report and conducting this short inquiry before the end of the current Senedd term.

We trust you understand our sense of urgency and ongoing desire to implement the report findings. We at Claire's Campaign continue to find that too many women have poor gynaecological cancer experiences. We collectively have a responsibility to ensure that the bravery and honesty of women like Judith Rowlands and Claire O'Shea, who shared their stories with the Committee during its inquiry - and have subsequently died - is not in vain.

1. Prioritisation and the Women's Health Plan

1.1 What specific outcomes or actions are missing by not including gynaecological cancer directly in the Women's Health Plan?

Given the broad scope and range of issues related to the poor outcomes described in the "Unheard" report, inclusion within the Women's Health Plan offered an opportunity to take a holistic approach over a decade. We would have the time and space to work with the women affected to plan for, develop and resource the necessary interventions. Ten years would allow for an iterative approach to activity, drawing out and scaling up what works.

Instead, some activity related to gynaecological cancer planning is within the "integrated" cancer plan, vying with four other "priority" tumour sites. That plan is due to expire in 2026.

Inclusion within the Women's Health Plan would ensure dedicated funding, workforce planning, and public-facing accountability for all issues related to gynaecological cancers, rather than being part of a broader, more diffuse cancer plan.

1.2 Do you feel the current national cancer strategies are not sufficiently addressing the needs related to gynaecological cancer?

At the time of the *Unheard* report's publication (December 2023) gynaecological cancer had been made one of three priority tumour sites by the Welsh Government. Responsibility for gynaecological cancer (and addressing many of the report's recommendations) fell on the NHS Executive's Cancer Recovery Programme (part of its Strategic Programme for Planned Care – where there was no third sector representation) and in more broad terms on the Wales Strategic Network for Cancer (where third sector representation was nominally located), this is where the gynaecological cancer site group would be found.

Scrutinising and holding to account these two bodies would prove a struggle. In practice, responsibilities and accountability spanned the NHS Wales Executive (now NHS Wales Performance and Improvement), Public Health Wales (screening, prevention, data), Health and Care Research Wales (research, trials, innovation), health boards (local delivery) and Health Education and Improvement Wales (workforce culture and training). This complex matrix of ownership is not published, nor is it easily understood by those of us in the third sector with years of experience.

1.3 Is the concern more about visibility and accountability, or are there specific service gaps?

The recent integration of the Cancer Recovery Programme and Strategic Network for Cancer offers hope that lines of accountability are clearer, and scrutiny by the third sector should be more viable. However – twenty months on from publication of the Unheard report - there is no transparent framework assigning accountability for delivery, leaving patients, the third sector, and the Senedd unable to reliably track progress against commitments.

From insight we acquired relatively recently we understand that the Gynaecological Clinical Implementation Network (CIN) held quarterly meetings with representation from partners from across the then NHS Wales Executive, reviewing progress against the *Unheard* report recommendations. This information was not referred to in the response from the Cabinet Secretary to the Committee. We understand that the CIN last met in March 2025.

1.4 What would help reassure you that gynaecological cancer is being treated as a priority?

We welcome the assertion in the recent Integrated Cancer Workplan that gynaecological cancers remain a priority, that is not in doubt. Welsh Government should publish an accountability framework setting out which body or programme lead is responsible for each recommendation, with clear lines of oversight and a mechanism for reporting progress. This would enable meaningful scrutiny, reassure stakeholders and restore confidence that accepted commitments are being actioned.

Transparent accountability and, public reporting on progress against specific, measurable indicators (i.e. reduction in waiting times, progress on pathway redesign/optimisation, publication or sharing with the third sector of more granular - tumour site - data).

2. Progress on Recommendations

2.1 Which parts of the response do you feel represent real progress?

The commitment to prioritising gynaecological cancers, despite the ongoing challenges across the NHS is positive and welcome, we do not doubt the sincerely held commitment of Welsh Government Ministers to tackling the challenges yet translating that commitment into a transparent plan of action is lacking.

We also welcome the production of Unheard training for GP CPD, but we don't know whether there was patient involvement in the production of the content.

Recent work by Hywel Dda UHB demonstrates how *smarter service design* can ease pressure on urgent cancer pathways. Their Enhanced Community Gynaecology Service offers a consultant-led, one-stop clinic with on-the-spot diagnostics, allowing women to receive a diagnosis and treatment plan in a single visit closer to home. Early evaluation indicates significant benefits: reduced pressure on urgent pathways, release of radiology capacity through clinician-delivered ultrasound, and estimated savings of £268 per patient (over £4.4m if scaled across Wales).

While this development is highly positive for women on HRT, it also demonstrates that gynaecological cancer services more broadly can be reimagined to deliver faster diagnosis, reduce unnecessary pressure on urgent pathways, and improve patient experience. It is proof that more can and should be done — if such innovation is possible in one area, it should drive wider ambition for gynaecological cancers across Wales.

2.2 Where do you think the biggest gaps still lie?

Recognition and inclusion in the Women's Health Plan, a decade long plan for targeted, resourced, meaningful action rather than the alternative, a twelve-month long integrated cancer work plan that's incentivised to prioritise "easier" to diagnose and treat cancers to improve overall waiting times.

2.3 What would help you feel more confident that the recommendations are being taken seriously?

We believe in the ongoing sincerity of everyone to want to improve gynaecological cancer outcomes, but processes and systems have not felt up to the challenge. We need to move from "work in progress" and lack of transparency to demonstrable outcomes in this space.

An accountability framework would assist. Would be transparent, enable meaningful scrutiny, reassure stakeholders and restore confidence that accepted commitments are being actioned.

2.4 Do you think the planned women's health hubs will meet the needs of women with gynaecological cancers?

The Cabinet Secretary's response and later Welsh Government communications have placed emphasis on the forthcoming women's health hubs under the Women's Health Plan. These hubs aim to deliver services around menstrual health, menopause, contraception, and pelvic health—but they were not a recommendation from the Health Committee. Details about their remit remain limited; current commitments centre on workforce scoping and pathfinder models by 2026, with the framing skewed toward menopause and menstrual conditions. There is no explicit indication of how hubs will interface with gynaecological cancer pathways, screening, or early diagnosis.

Therefore, while hubs may represent a positive development in women's health, they cannot be interpreted as progress against Unheard report recommendations on gynaecological cancers. Without clear links to cancer data, access, or pathways, there is a risk that they remain parallel initiatives rather than core components of the Committee's stated priorities.

3. Transparency and Accountability

3.1 Does the Welsh Government's response provide enough clarity and accountability?

The Cabinet Secretary's assertion that "many recommendations do not lend themselves to ongoing reporting" is a concern and seems to justify a lack of transparent tracking, especially when we know that the Gynaecological Clinical Implementation Network (CIN) has attempted to track progress against the *Unheard* report recommendations on a quarterly basis. The Welsh Government could have made the

assertion in response to the publication of the *Unheard* report or in the plenary debate in 2024, but chose not to do so, what has changed in the intervening months?

3.2 What kind of reporting or updates would help you feel confident?

See our response to 1.4, above.

3.3 Are there specific areas where you feel more urgent action is needed?

The following have been drawn from the Executive Summary of our Senedd Briefing: Implementation of the *Unheard* Report Recommendations

Leadership, Governance & Strategic Direction

1. Nearly two years after the Senedd called for action, gynaecological cancers still don't feature meaningfully in the Women's Health Plan. Women with gynaecological cancers do not have the visibility or priority they demonstrably need in national policy.

2. Targets delayed, progress unclear – Welsh Government accepted the need for measurable NHS targets on gynaecological cancers almost two years ago, and said work was "already underway." But no targets have yet been published, while performance has swung from 52% in March 2025 to just 36% two months later. Patients and staff deserve clarity and stability.

3. Variation across Wales – Cardiff & Vale reached 62.5% of patients treated on time in May, while Hywel Dda managed only 16.7%. National planning and regional working is needed to make sure timely cancer care doesn't depend on where you live.

Research, Innovation & Clinical Trials

4. A missed chance for focus – Nearly two years on, the idea of a specialist gynaecological cancer research centre hasn't been explored. For cancers with some of the poorest survival rates, this feels like unfinished business.

5. Trials standing still – There are still only 13 gynaecological cancer trials open in Wales — the same as when Government first responded. Without a plan to expand access or recruitment, patients are left with limited options.

6. Aspirations need follow-through – Investment headlines look good, £3m for a Women's Health Centre, £750k for research, but without ring-fenced gynaecological cancer funding translating into delivery is patchy and reliant on ad-hoc bids. One welcome funding theme is around clearer communication with women and girls about their health needs, something that could strengthen gynaecological cancer work if taken forward.

Screening, Prevention & Early Detection

7. HPV vaccine progress but gaps remain – Wales is still short of the WHO's 90% HPV coverage target. Uptake among 15-year-olds is around 73%, leaving thousands of girls and boys at risk of preventable cancers.

8. Emergency diagnoses remain too high – Around 41% of women with ovarian cancer in Wales are diagnosed following an emergency admission, a route linked to worse outcomes. Rare gynaecological cancers like Claire O'Shea's face the same challenge. The Unheard report recommended a targeted review, but this has not been commissioned, we were desperately

disappointed when the Welsh Government rejected this recommendation. Yet, NHS Performance and Improvement are commissioning research into routes to cancer diagnosis that include the emergency route, a welcome development. Without this pathway optimisation remains an unaddressed dream.

Diagnosis, Pathways & Primary Care

9. Measuring impact matters – GPs are being offered training via GatewayC, but without evaluation we don't know if referrals are improving or cancers being caught earlier. Right now, we cannot measure or scrutinise progress.

10. Health hubs need clear links – Women's Health Hubs could become an important resource, but their current focus is on menopause and menstrual health rather than cancer. Unless clear linkages and referral pathways are built into the new Hubs there's a risk of missing an important opportunity to listen to women and diagnose more gynaecological cancers earlier.

Dignity, Respect & Experience of Care

11. Turning promises into practice – The Women's Health Plan commits to women being 'listened to,' but gynaecological cancers are absent. Despite calls from Tenovus Cancer Care and the Unheard report, they weren't included at all. That means no plan, no standards, and no way to measure whether women with these cancers are being heard.

Palliative & End-of-Life Care

12. Securing the future – The national specification is out for engagement, but without a sustainable funding model and clear milestones for boards, families may still face variation in end-of-life support.

4. Waiting Times

4.1 Do you feel the Welsh Government's explanation and current actions are sufficient?

The Cabinet Secretary highlighted an improvement cancer waiting times from 27% of patients starting their cancer treatment within 62 days of diagnosis (Dec 2023) to 45.5% (Apr 2025). However there remains volatility in gynaecological cancer waiting times 45.5% (Apr 25), a sharp drop to 36.5% (May 25), before rising again to 47% (Jun 25) and sharply falling again to 32.4% (Jul 25). This is in stark contrast with the national average across all tumour sites, which has remained broadly steady and increased from the mid-50s to low-60 percent. Why the difference?

Variation remains a critical concern: earlier this year (May 2025) Cardiff & Vale reached 62.5%, while Hywel Dda was just 16.7%, yet in July 2025 Cardiff & Vale's waiting times has fallen to 28.6% while Hywel Dda had risen to 40% . Without published, accessible thresholds or milestones to hold services accountable, progress remains inconsistent, fragile, and prone to fluctuation rather than steady improvement. It's also important to remember and reflect that behind all these percentages are people with a cancer diagnosis and their families. In far too many cases, depending on where they live, the likelihood that they'll receive timely gynaecological cancer treatment comes down to something between a roll of the dice and a coin-toss

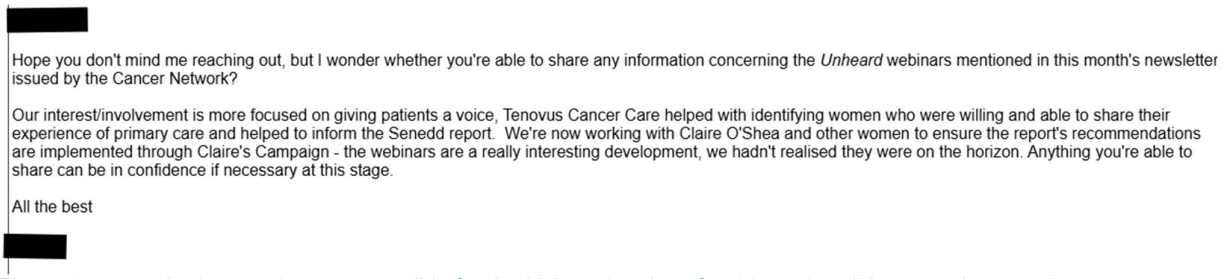
4.2 What further steps or transparency would you like to see?

See our response to 1.4, above.

5. Patient and Public Involvement

5.1 Do you feel that people affected by gynaecological cancer are being meaningfully involved?

In those few instances where we manage to secure the ear of those involved in the development of programmes of work and delivery of services, we feel that Claire's Campaign has been listened to, but that's not the same as being meaningfully involved. For example, earlier this year we became aware that "Unheard" themed CPD for GPs was in development. We reached out to the then NHS Executive to better understand the proposal (and hopefully share insight) but heard nothing back (fig 1).



Hope you don't mind me reaching out, but I wonder whether you're able to share any information concerning the *Unheard* webinars mentioned in this month's newsletter issued by the Cancer Network?

Our interest/involvement is more focused on giving patients a voice, Tenovus Cancer Care helped with identifying women who were willing and able to share their experience of primary care and helped to inform the Senedd report. We're now working with Claire O'Shea and other women to ensure the report's recommendations are implemented through Claire's Campaign - the webinars are a really interesting development, we hadn't realised they were on the horizon. Anything you're able to share can be in confidence if necessary at this stage.

All the best

Figure 1 we reached out to those responsible for the Unheard series of webinars but did not receive a reply.

Constraints on our limited capacity, and the change in Claire's condition earlier this year, meant that we were unable to follow up.

Conversely, there have been instances over the past couple of years when the campaign has been kept informed of developments – we were kept informed of plans to commission a clinical fellow to better understand cancer diagnosis in an emergency setting. This has been appreciated since the work goes some way to addressing the rejected Unheard report recommendation 15.

5.2 What would better engagement look like?

We feel that our suggestion under 1.4 (above) for an accountability framework would be the correct forum/process for setting engagement-related expectations.

Representatives from Claire's Campaign are present at engagement events that are related to the Women's Health Plan to better understand developments related to listening and acting on women's concerns (recommendation 1 in the *Unheard* report).

6. Rejection of Recommendation 15

6.1 Do you feel the current focus on prevention and early detection is balanced with the need to support those in emergency settings?

We feel that it is not. The rejection of this recommendation by the Welsh Government was alarming and demonstrated a lack of commitment to understanding the full patient journey, especially for those with the most critical needs. The rejection was based on the Committee's proposed deadline of six-months and associated pressures. Rather than propose a longer, less pressured timescale, the Welsh Government chose to reject the approach outright.

We therefore welcome the subsequent decision by the then Cancer Recovery Programme to develop and commission a clinical research fellow to examine routes to cancer diagnosis, including the emergency route. A cancer recovery fellow will start in September 2025 to review routes to diagnosis across several priority tumour sites (including ovarian cancer) using existing data sources and the SAIL Databank. This

piece of work will help us all to identify and understand areas to improve pathway efficiency, including the emergency route. While this research will not cover all gynaecological cancers it is an important start.

The focus on early detection is vital – so is tackling the poor cancer waiting times from suspicion to treatment, however these cannot be used as an excuse to ignore the problem of emergency presentations, which are associated with late-stage cancers and poorer outcomes, as well as additional pressure on A&E services.

6.2 What would you expect to see from the Welsh Government to ensure these patients aren't left behind?

We would expect the Welsh Government to commit to implementing the findings of the routes to diagnosis research are implemented when they are published.

7. Identified Barriers

7.1 Do you feel the Welsh Government has clearly identified and committed to overcoming the barriers?

While the Welsh Government has identified a critical barrier (capacity) and has had time to plot, plan and resource a course of action it has yet to provide a credible plan. In the meantime, campaigns like Claire's Campaign have expended considerable amounts of time and energy "trying" to inform, scrutinise and hold the system to account for those actions and tasks that have some relationship to the findings and recommendations of the *Unheard* report.

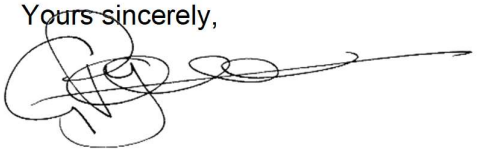
While capacity might well be a barrier for the Welsh Government, we believe that a clear accountability framework is another barrier to the implementation of the Unheard report recommendations.

7.2 What specific actions or assurances would you expect to see?

We would expect to see greater recognition of gynaecological cancers within the women's health plan, resolving that omission and facilitating greater engagement with developments in that space – for instance women's health hubs. Also, as per 1.4 (above) an accountability framework, would promote transparency, engagement and overall accountability.

If you require any additional information or insight that might assist the Committee with its short inquiry, please do contact me in the first instance.

Yours sincerely,



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Claire's campaign

Senedd Briefing:

Implementation of the Unheard Report Recommendations

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Contents

Executive Summary

Our external assessment has been made by a small team from within Claire's Campaign and Tenovus Cancer Care using public sources of information and through conversations with clinical and management staff in the NHS.

From our analysis of these sources of information in the twenty months since the publication of the *Unheard* report, three (3) recommendations have been actioned, seven (7) show partial progress, and fifteen (15) remain undelivered. While there are positive steps in a few areas, significant delays persist across screening, diagnosis, workforce, and data, with real implications for gynaecological cancer patient outcomes and public confidence.

Leadership, Governance & Strategic Direction

1. Nearly two years after the Senedd called for action, gynaecological cancers still don't feature meaningfully in the Women's Health Plan. Women with gynaecological cancers do not have the visibility or priority they demonstrably need in national policy.
2. **Targets delayed, progress unclear** – Welsh Government accepted the need for measurable NHS targets on gynaecological cancers almost two years ago, and said work was "already underway." But no targets have yet been published, while performance has swung from 52% in March 2025 to just 36% two months later and lies at 32.4% in July 2025. Patients and staff deserve clarity and stability.
3. **Variation across Wales** – Cardiff & Vale reached 62.5% of patients treated on time in May 2025, while Hywel Dda managed only 16.7%, in July 2025 that switched, Cardiff & Vale's waiting times has fallen to 28.6% while Hywel Dda has risen to 40%. National planning and regional working is needed to make sure timely cancer care doesn't depend on where you live.

Research, Innovation & Clinical Trials

1. **A missed chance for focus** – Nearly two years on, the idea of a specialist gynaecological cancer research centre hasn't been explored. For cancers with some of the poorest survival rates, this feels like unfinished business.
2. **Trials standing still** – There are still only 13 gynaecological cancer trials open in Wales — the same as when Government first responded. Without a plan to expand access or recruitment, patients are left with limited options.
3. **Aspirations need follow-through** – Investment headlines look good, £3m for a Women's Health Centre, £750k for research, but without ring-fenced gynaecological

cancer funding translating into delivery is patchy and reliant on ad-hoc bids. One welcome funding theme is around clearer communication with women and girls about their health needs, something that could strengthen gynaecological cancer work if taken forward.

Screening, Prevention & Early Detection

1. **HPV vaccine progress but gaps remain** – Wales is still short of the WHO's 90% HPV coverage target. Uptake among 15-year-olds is around 73%, leaving thousands of girls and boys at risk of preventable cancers.
2. **Emergency diagnoses remain too high** – Around 41% of women with ovarian cancer in Wales are diagnosed following an emergency admission, a route linked to worse outcomes. Rare gynaecological cancers like Claire O'Shea's face the same challenge. The *Unheard* report recommended a targeted review, but this has not been commissioned, we were desperately disappointed when the Welsh Government rejected this recommendation. Yet, NHS Performance and Improvement are commissioning research into routes to cancer diagnosis that include the emergency route, a welcome development. Without this pathway optimisation remains an unaddressed dream.

Diagnosis, Pathways & Primary Care

1. **Measuring impact matters** – GPs are being offered training via GatewayC, but without evaluation we don't know if referrals are improving or cancers being caught earlier. Right now, we cannot measure or scrutinise progress.
2. **Health hubs need clear links** – Women's Health Hubs could become an important resource, but their current focus is on menopause and menstrual health rather than cancer. Unless clear linkages and referral pathways are built into the new Hubs there's a risk of missing an important opportunity to listen to women and diagnose more gynaecological cancers earlier.

Dignity, Respect & Experience of Care

1. **Turning promises into practice** – The Women's Health Plan commits to women being 'listened to,' but gynaecological cancers are absent. Despite calls from Tenovus Cancer Care and the *Unheard* report, they weren't included at all. That means no plan, no standards, and no way to measure whether women with these cancers are being heard.

Palliative & End-of-Life Care

1. **Visible progress** – Palliative and end-of-life care is one area where investment is delivering: £5.5m in cash, £3m recurring uplift, and a new national service specification to guarantee fairer access across Wales.
2. **Securing the future** – The national specification is out for engagement, but without a sustainable funding model and clear milestones for boards, families may still face variation in end-of-life support.

Progress Assessment as of August 2025

This briefing provides a RAG (Red,Amber,Green) assessment of Welsh Government's progress against the 26 recommendations made in response to the Senedd Health and Social Care Committee's *Unheard* report [1].

This external assessment has been made by a small team of colleagues from within Claire's Campaign and Tenovus Cancer Care using public sources of information and through conversations with clinical and management staff in the NHS.

Twenty months since the publication of the *Unheard* report, 3 recommendations have been actioned, 7 show partial progress, and 15 remain undelivered. While there are positive steps in a few areas, significant delays persist across screening, diagnosis, workforce, and data, with real implications for gynaecological cancer patient outcomes and public confidence.

At a Glance: RAG Summary

RAG Rating	Total # of recommendations	What It Means
🔴 Red	16	No discernible progress or action taken
🟠 Amber	7	Some movement / progress but not sufficient or too vague to be sustained or have impact
🟢 Green	3	Tangible progress made and publicly evidenced

Thematic Grouping

For ease of navigation and to support clearer messaging, the 26 recommendations from the Unheard report have been grouped thematically. These themes reflect broad areas of strategic priority, from leadership and screening to dignity in care. For further detail on each recommendation, please see the table in the next section.

Leadership, Governance & Strategic Direction

2, 5, 6, 16, 19, 20, 21, 22 – Red (5) 🔴 | Green (2) 🟢 | Amber (1) 🟠

This theme captures Welsh Government's strategic role in planning, investment, data transparency, digital delivery, and overall accountability in the gynaecological cancer pathway. It covers eight of the 26 recommendations, few have been delivered, while the rest are either vague in commitment or stalled in delivery.

At the heart of the problem is a failure to give gynaecological cancers a clear position in core strategy. The Women's Health Plan was finally published at the end of 2024 [2], but it does not meaningfully address gynaecological cancers despite the Health Committee's recommendation being partially accepted [3]. The Plan's "iterative" approach creates a sense of hope and yet there's uncertainty about whether and when targeted content will be added and how stakeholders such as Claire's Campaign can shape future iterations.

Targets are another gap. Government accepted the need to set clear, measurable NHS Executive targets for gynaecological outcomes, yet nearly two years later they remain "in development." [3]

The performance picture underlines why these matters. The Cabinet Secretary highlighted an improvement cancer waiting times from 27% of patients starting their cancer treatment within 62 days of diagnosis (Dec 2023) to 45.5% (Apr 2025) [4].However there remains extreme variability and volatility in overall waiting times 45.5% (Apr), a sharp drop to 36.5% (May), before rising again to 47% in June [4]. This contrasts with the national average across all tumour sites, which has remained broadly steady in the mid-50s to low-60s range in recent years. For example, in December 2024, 61.9% of patients across all cancers started treatment within 62 days of diagnosis, the highest performance since August 2021, while overall national performance has generally fluctuated between 50% and 60% during this period [5].

Variation between health boards remains a critical concern: Cardiff & Vale reached 62.5%, while Hywel Dda was just 16.7% [6]. Without published, accessible thresholds or milestones to hold services accountable, progress remains inconsistent, fragile, and prone to fluctuation rather than steady improvement. It's also important to remember and reflect that behind all of these percentages are people with a cancer diagnosis and their families. In far too many cases, depending on where they live, the likelihood that they'll receive timely gynaecological cancer treatment comes down to something between a roll of the dice and a coin-toss.

On digital infrastructure, there has been movement but not delivery. Work to tackle ICT barriers and regional coordination is underway (e-forms, shared records), but full implementation has slipped, and the national informatics function was escalated in 2025 over delivery concerns [7] [8]. That raises questions about oversight, governance, and whether cancer, including gynae, is being prioritised as systems evolve.

There are bright spots. Government has reaffirmed prioritisation of gynaecological cancer and improved transparency: monthly performance summaries are now routine, and work is progressing toward more granular tumour-level data (expected by 2026/27) [9] [10] [11]. However, there's still no published timetable setting out exactly what gynae data will be released and when, which leaves the transparency ask only partially met.

On workforce, HEIW has included gynaecological cancers in its pathway workforce planning, a welcome inclusion in theory, but this has yet to translate into funded training places, new roles, or investment in key disciplines (e.g., gynae oncology, CNS, diagnostics)

[12]. Meanwhile, the rapid, six-month specialty-specific review called for by the Health Committee remains unpublished, with the activity subsumed into multi-year workforce programmes that lack gynaecology-specific timelines [13]. Consequently, boards and patients don't know where gaps exist, what hiring plans are in place, or when relief will come.

Finally, although Government reports it oversees the Cancer Informatics System, delivery delays and escalation issues have undermined confidence. The promised informatics system has not been fully delivered, the Cancer Informatics Programme remains incomplete [14]. Although the strategic digital architecture is in place, it remains inconsistently delivered and under-resourced—especially for gynaecological cancer.

Accountability for delivery is another weakness. The Cabinet Secretary's response only references a small subset of *Unheard* recommendations (1, 2, 3, 6, 7, 10, 18, 26), and explicitly states that nothing has been done on items 11 and 12 [15]. For most recommendations, no clear lead body or delivery team is named, making targeted follow-up or inquiries difficult.

At the time of the report's publication (Dec 2023), gynaecological cancer had been designated by Welsh Government as one of three priority tumour sites, alongside urological and lower GI cancers [16]. Responsibility for addressing many of the *Unheard* recommendations was vested in the NHS Executive's Cancer Recovery Programme (within the larger Strategic Programme for Planned Care), which notably lacked formal third-sector presence, while third-sector representation was nominally located through the Wales Strategic Network for Cancer [17].

In practice, responsibilities and accountability span:

- **NHS Wales Performance & Improvement** (formerly the NHS Wales Executive) — the national support and performance improvement function, renamed on **1 June 2025**. [18]
- **Public Health Wales** — responsible for national screening programmes and for cancer registry functions via the **Wales Cancer Intelligence and Surveillance Unit (WCISU).** [19] [20]
- **Health and Care Research Wales** — oversees and funds research, supports clinical trials, and promotes innovation in health and care. [21] [22]
- **Local Health Boards** — statutory bodies with responsibility for planning and delivering NHS services locally. [23] [24]
- **HEIW** — leads on education and workforce planning, including pathway workforce planning tools. [25] [26]

Despite these roles being set out in separate documents, **there is no single, public accountability framework** that assigns named leads for each *Unheard* recommendation across these bodies. The **Welsh Government response** to the report lists

recommendations as “accepted,” “accepted in principle,” or “not accepted,” but does not name lead delivery organisations. Likewise, the **Integrated Workplan 2025–26** sets deliverables at programme level but not recommendation-by-recommendation accountability.

From recent insight we understand that the Gynaecological Clinical Implementation Network (CIN) convened quarterly with partners across the then NHS Wales Executive to review progress against *Unheard* recommendations. Public references to the CIN appear in the **Gynaecology Summit outcomes**, in Welsh Government evidence that a CIN was established, and in the Women’s Health Plan, but minutes or membership lists are not publicly available. [27] [28]

The **integration of the Cancer Recovery Programme and the Strategic Network for Cancer** into a single structure is now explicit: the **Integrated Workplan 2025–26** describes itself as “an amalgamation of the Cancer Network Plan and the Recovery Programme Plan.” [29] This change should in principle simplify lines of accountability and improve opportunities for third-sector scrutiny.

However—nearly two years on from *Unheard*—there is still no transparent, published framework that assigns accountability for delivery at recommendation level, making it difficult for patients, the third sector and the Senedd to track progress against commitments.

Recommendation: Welsh Government should publish an accountability framework setting out which body or programme lead is responsible for each recommendation, with clear lines of oversight and a mechanism for reporting progress. This would enable meaningful scrutiny, reassure stakeholders and restore confidence that accepted commitments are being actioned.

Research, Innovation & Clinical Trials

3, 17, 23, 24 – Red (2) 🔴 | Amber (2) 🟠

This theme highlights the gap between Wales’s stated ambition to lead in women’s health research and the reality for women with a gynaecological cancer diagnosis. While the Welsh Government accepted these recommendations delivery that is focused on gynaecological cancer is largely absent, leaving an underpowered research and innovation landscape at a time when progress could contribute to improved outcomes.

The first recommendation concerned clarity on the research budget underpinning the Women’s Health Plan and whether gynaecological cancers would receive targeted funding. In her response to the Unheard report debate the then Cabinet Secretary confirmed that £700,000 would be directed at women’s health research. The Welsh Government has since confirmed a focused call for women’s health research launched in April 2025, committing £750,000 to research projects, alongside £3m for the establishment of the first Women’s

Health Research Centre in Wales [30] [31]. While this investment is welcome in the context of women's health, there is no indication of ring-fenced funding for gynaecological cancer research within either initiative.

Such an omission risks entrenching existing inequalities. Without dedicated funding, the scale and pace of research projects depend on ad-hoc bids and individual team capacity - rather than a coherent national programme targeted at a cancer site associated with poor outcomes. One of the research call themes focuses on improving clinical communication with women and girls about their health needs, which could indirectly support progress towards some *Unheard* report recommendations, but only *if* projects under this theme are selected. This remains contingent on decisions made by the grant holder later in 2025.

Partners were also urged to strengthen research capacity and explore a dedicated gynaecological cancer research centre (recommendation 23) [32]. Government cited the Wales Cancer Research Centre (WCRC) and the Cancer Research Strategy for Wales (CReSt), but twenty months on there is no options appraisal, no business case, and no timeline. A specialist centre remains unexplored, leaving a strategic gap in a cancer area already marked by late diagnosis and poorer outcomes.

On trials (Recommendation 24), Government confirmed 13 active gynaecological cancer studies in Wales, a figure that has not shifted since the initial response. There is no public plan to expand availability, widen geographic access, or tackle persistently low recruitment. Although barriers for clinicians (protected time, remuneration) are acknowledged, no practical support or incentives have been put in place. That limits growth and risks losing talent to better-resourced research environments.

Access to new treatments is facing the same pattern: process is improving, capacity planning is not. Horizon-scanning has been strengthened through AWTTC/AWMSG and "once-for-Wales" mechanisms, but there is still no published, time-bound capacity plan mapping the expected pipeline of NICE-recommended gynae drugs to the real-world prerequisites, genomics and pathology throughput, pharmacy time, infusion capacity, MDT bandwidth, and data flows. Without that, approvals do not reliably convert into timely access for patients. [33]

Bottom line: Wales's approach to gynaecological cancer research and innovation remains aspirational rather than operational. While the new women's health research funding is a positive step, the absence of ring-fenced investment, specialist infrastructure, trial growth, and treatment readiness planning means opportunities to improve outcomes will continue to be missed.

Screening, Prevention & Early Detection

8, 9, 10, 11, 12 – Red (5) 🔴

Progress on prevention and early diagnosis is lagging where it matters most: vaccination coverage, equity in screening, and practical readiness for new pathways. Wales still falls well short of WHO's 90% HPV uptake ambition by age 15. Public Health Wales' most recent COVER report shows one-dose HPV coverage in the 2024–25 year:

Year 10 (age 14–15): 72.3% overall (75.5% girls, 69.3% boys)

Year 9 (age 13–14): 70.4% overall (73.4% girls, 67.6% boys)

Year 8 (in-year): 0.2%, pending further sessions
[34]

PHW acknowledges persistent inequities in screening uptake, particularly among younger invitees and (in mixed-gender programmes) men; a dedicated group has been established to tackle uptake and equity. It's the right frame, but we have yet to see evidence of targeted, resourced interventions for the under-screened groups the data continually flags.

On self-sampling, there's movement: in June 2025, the UK National Screening Committee recommended offering HPV self-sampling to under-screened people, and Welsh Government issued a written statement confirming that roll-out is expected to begin next year, with PHW "exploring the best way to deliver self-sampling to all those eligible." [35] [36]. This is a positive step, although still short of having a published pathway, resourcing plan, or implementation schedule.

On information clarity, PHW's own materials now state plainly that "the cervical screening (smear) test is not a test for cancer" and explain what HPV testing does and does not cover. The question is whether this clarity is consistently delivered at appointment level across Wales (leaflets, letters, verbal comms) as per the recommendation.

Diagnosis, Pathways & Primary Care

4,7, 13, 14, 15 – Red (2) 🔴 **| Amber (3)** 🟠

Since May 2024, there's been some meaningful movement on the machinery of diagnosis, but accountability is lagging. The all-Wales external evaluation of Rapid Diagnostic Clinics (RDCs) confirms they now operate across every Health Board and benefit patients with vague symptoms—but also flags issues in referral quality, equity of access, 7-day pathways, and inconsistent data capture. While recommendations are clear, there's no public evidence that Health Boards have taken action or that outcomes are improving. [37]

On primary-care support, Wales refreshed the Suspected Cancer Pathway guidance (WHC/2024/07) [38], laying a proper foundation to tighten referral standards and data

reporting. HEIW apparently developed and delivered ‘Unheard’ training in Q1 2025, though it’s unclear whether it included patient input or whether it's a standalone offering or part of ongoing CPD. HEIW also continues to offer GatewayC learning to GPs [39], but no published evaluation shows the impact on referral quality, conversion rates, or staging at diagnosis. Without such data, it’s impossible to tell whether these CPD inputs are translating into better clinical outcomes.

Digital is improving, albeit at a slow pace. DHCW has rolled out new cancer e-forms and updated the planned care referral data standard—both are vital steps toward better query management and feedback loops. However, there remains no publicly available, gynae-specific audit or feedback data reporting actual usage and outcomes. The government previously noted that these advice/query functions are available to secondary care for responding to referrals, but there’s no evidence yet that they are being used systematically. [39][40]

A separate gap is the post-COVID service baseline. The Unheard report noted that gynaecological cancer services lost during the pandemic have not been reinstated and recommended Welsh Government assess and report this. The response did not include a published assessment of what was lost, where, or with what mitigation. Instead, the policy emphasis remains on “transforming” pathways rather than reinstating lost capacity. Without transparency about what was removed and how it’s being changed, it's impossible to appraise whether lost capacity has indeed been "transformed" in practice. [41]

Emergency presentations remain the most concerning diagnostic gap. The Welsh Government declined the Health Committee’s request for a dedicated short-run review, stating:

> *“Undertaking such a review would require detailed case note analysis… this would place an unmanageable burden on already stretched gynaecology and oncology services, and therefore I am not commissioning this work. Our priority must remain improving cancer outcomes through the Cancer Improvement Plan and Single Cancer Pathway.”* [42]

Meanwhile, national audit data—specifically the National Ovarian Cancer Audit State of the Nation Report 2024—reports that 40.6% of women in Wales had an emergency admission within 28 days prior to ovarian cancer diagnosis, a route consistently linked with late-stage disease and poor prognosis. [43]

There is some progress toward understanding these pathways. The new integrated cancer plan will commission a medical fellow to undertake a “Routes to Diagnosis” study, covering multiple tumour sites including ovarian cancer. While this excludes other gynaecological cancers and may take months to complete, its commissioning signals a recognition that this issue must be addressed. The potential benefits of this targeted analysis far outweigh the “burden” objections cited. [44]

Note:

Women's Health Hubs

The Cabinet Secretary's response and later Welsh Government communications have placed emphasis on the forthcoming women's health hubs under the Women's Health Plan. These hubs aim to deliver services around menstrual health, menopause, contraception, and pelvic health—but they were not a recommendation from the Health Committee. Details about their remit remain limited; current commitments centre on workforce scoping and pathfinder models by 2026, with the framing skewed toward menopause and menstrual conditions. There is no explicit indication of how hubs will interface with gynaecological cancer pathways, screening, or early diagnosis.

Therefore, while hubs may represent a positive development in women's health, they cannot be interpreted as progress against Unheard report recommendations on gynaecological cancers. Without clear links to cancer data, access, or pathways, there is a risk that they remain parallel initiatives rather than core components of the Committee's stated priorities. [45] [46]

Recent work by Hywel Dda UHB demonstrates how smarter service design can ease pressure on urgent cancer pathways. Their Enhanced Community Gynaecology Service offers a consultant-led, one-stop clinic with on-the-spot diagnostics, allowing women to receive a diagnosis and treatment plan in a single visit closer to home. Early evaluation indicates significant benefits: reduced pressure on urgent pathways, release of radiology capacity through clinician-delivered ultrasound, and estimated savings of £268 per patient (over £4.4m if scaled across Wales). [45b]

Note: While this development is highly positive for women on HRT, it also demonstrates that gynaecological cancer services more broadly can be reimagined to deliver faster diagnosis, reduce unnecessary pressure on urgent pathways, and improve patient experience. In other words, it is proof that more can and should be done — if such innovation is possible in one area, it should drive wider ambition for gynaecological cancers across Wales.

Dignity, Respect & Experience of Care

1, 18 – Red (2) 🔴

Since May 2024, there's been headline movement (the Women's Health Plan, Dec 2024 [47], and the People's Experience Framework, Apr 2025) [48], but neither translates the *Unheard* report's asks into gynae-pathway, patient-facing delivery. The Plan's language ("women are listened to") is directionally right, and the Framework standardises how boards capture and use experience data, but we still don't see the operational levers that matter on the ground (minimum appointment time standards, mandated training content with uptake targets, and a gynae-specific experience scorecard reported by boards). Most importantly for this

briefing, there's no public evidence that Welsh Government issued the explicit dignity reminder to all boards anchored to the *Unheard* patient stories.

Palliative & End-of-Life Care

25, 26 – Amber (1) 🟠 | Green (1) 🟢

This is the one area where progress is underway. Since May 2024, we've seen several key developments:

1. A Cabinet Written Statement confirmed interim Phase 3 funding review actions, including a £4 million cost-of-living grant to all 12 NHS-commissioned hospices (2023–24) and work progressing toward a national hospice commissioning framework. [49]
2. A National Service Specification for Palliative and End of Life Care has been published for public engagement (May 2025), which hard-wires equitable access, governance standards, KPIs, workforce requirements, and 24/7 urgent response. [50]
3. The 2025–26 budget includes a £5.5 million one-off cash injection for hospices and a £3 million recurrent uplift—a significant financial boost. [51]
4. Multi-year bereavement support grants were awarded to 18 organisations to address inequities in bereavement care. [52]

This direction aligns with the *Unheard* report's recommendations to normalize earlier palliative involvement and embed equity. Caveat: The service specification remains in the engagement phase, and a sustainable, tariff-style hospice funding model is still under development.

The Government has explicitly prioritised palliative and end-of-life care, expanded the national programme team, and funded hospices to stabilise services while a commissioning framework is developed. The Cabinet Secretary's Written Statement confirms PEoLC as a Programme for Government commitment, the role of the National Programme Board, and work to develop a hospice commissioning framework; it also recognises the financial pressure on hospices. [53] Separate government support provided a £4m cost-of-living grant to all 12 NHS-commissioned hospices as part of the Phase 3 review actions. [54]

The 2025 service specification—now out for engagement—pushes earlier, person-centred palliative input, sets expectations for 24/7 urgent response, and codifies equity, governance, measurement and workforce standards. [55] [56] Spring 2025 budget measures added immediate capacity support to maintain hospice services, including a £5.5m cash injection and a £3m recurrent uplift in 2025–26. [57] Translating the specification into board-level delivery plans with public milestones must now follow.

Implementation infrastructure is in place and maturing: the National Programme Board is operational, [53] Phase 2 recommendations to increase weekend/OOH district and specialist

palliative nursing capacity are being taken forward via Further Faster, and Phase 3 interim recommendations were broadly accepted with work started. [58] Bereavement services have secured multi-year grants to 18 organisations, [59] and a national service specification with explicit equity, governance and measurement duties is out for engagement. [55] [56] The 2024 Written Statement sets the direction, acknowledges the pressures/variation in provision and finances, and commits to a sustainable framework. [53]

Our watch-outs: publish the final specification with a time-bound implementation plan and bring forward board-level equity metrics.

Unheard Report Recommendations Table

No.	Recommendation (full text)	RAG	One-line status (as of Aug 2025)
1	Promote gender sensitivity and cultural competence among healthcare professionals through a relationship-based care model that allows adequate time for appointments and empathetic communication tailored to women's needs.	Red	Accepted in principle, but no mandated appointment standards, training curriculum/uptake metrics, or gynae-specific experience measures published.
2	Publish the Women's Health Plan by year-end, with a specific focus on gynaecological cancers to tackle health inequalities, raise awareness, improve access to care, and enhance outcomes.	Red	Plan launched Dec 2024 without a dedicated gynae focus; no route/timeline for adding targeted content.
3	Detail the research budget supporting the Women's Health Plan and clarify priorities, including whether gynaecological cancer research will receive specific funding.	Amber	Women's health research funding identified; no ring-fenced gynae allocation or clear priorities beyond high-level statements.
4	Assess and urgently reinstate gynaecological cancer services lost during the pandemic. Provide timings and reasons if services are not reinstated.	Red	Government rejected reinstatement approach; no published audit of lost services, reinstatement timetable, or explanations.
5	Set clear, measurable targets for the NHS Executive to improve gynaecological cancer outcomes, aligned with the Wales Cancer Network and Cancer Improvement Plan.	Red	Targets remain "in development." Latest data show volatile performance (44.1% Feb, 52.8% Mar, 45.5% Apr, 36.5% May, 47% Jun), with stark variation between health boards (Cardiff & Vale 62.5%, Hywel Dda 16.7%, Powys 0%). No published milestones or accountability framework.
6	Support health boards in overcoming ICT system barriers to enable effective regional working and better coordination of cancer care.	Amber	e-forms and shared records progressing, but full integration delayed; regional benefits and equity impact not evidenced.
7	Evaluate Rapid Diagnostic Centres to improve performance and ensure equitable access across Wales, particularly in underserved areas, reporting back within 18 months.	Amber	National evaluation completed; health-board implementation plans and measured impact not yet published.
8	Work with NHS Wales to meet WHO's 90% HPV vaccine target and report progress on 2030 cervical cancer goals, including incidence trends during this Senedd term.	Red	Uptake remains well below 90%; no transparent acceleration plan to reach WHO targets.

No.	Recommendation (full text)	RAG	One-line status (as of Aug 2025)
9	Review the equity strategy for cervical screening and take targeted action to improve uptake among under-screened groups.	Red	Uptake/equity group exists, but no published, resourced action plan with timelines and owners.
10	Outline how NHS Wales is preparing to implement cervical self-sampling, including any required resource changes.	Red	Momentum noted nationally, but no published implementation pathway, resourcing model, or start dates in Wales.
11	Ensure information at cervical and breast screening clearly states that cervical screening does not test for other gynaecological cancers and highlights symptoms of other types.	Red	As per the Cabinet Secretary's response to the health Committee letter, confirmation has been provided that rec 11 has not been taken forward as of yet.
12	Develop frequent and targeted awareness campaigns on gynaecological cancer symptoms that consider culture, language, and inequality, and promote healthy lifestyle choices.	Red	No coordinated, funded, repeatable campaigns targeted at under-served groups; reliance on general "amplification."
13	Explain plans to evaluate Gateway C and its impact on GP referral rates for gynaecological cancers.	Red	No published evaluation linking GatewayC usage to referral quality, conversion, or stage at diagnosis.
14	Ensure CPD for GPs includes a strong focus on gynaecological cancer, audit GP referrals, provide feedback, and expand specialist support through tools like telemedicine.	Amber	Guidance/CPD has occurred, but is the training a one off, unclear; advice/queries capability exists; no national gynae referral audit-and-feedback loop reported.
15	Urgently review emergency presentations of gynaecological cancers, including trends, risk factors, and access barriers, and report findings within six months.	Amber	Government declined the review; Ovarian cancer routes to diagnosis will be reviewed, study due to be commissioned as part of the integrated cancer plan.
16	Reaffirm commitment to prioritising gynaecological cancer and work with the NHS Executive to publish transparent data on performance and access.	Green	Prioritisation reiterated; monthly performance summaries published; national dashboards in development.
17	Improve understanding and implementation of NICE-approved drugs, and plan for capacity to ensure timely access, including analysis of likely upcoming treatments.	Amber	Horizon-scanning strengthened; no published, time-bound capacity/readiness plan for upcoming gynae therapies.
18	Remind health boards of their duty to treat all patients with dignity and respect, informed by patient stories.	Red	Despite WG outlining a date, no evidence to translate

No.	Recommendation (full text)	RAG	One-line status (as of Aug 2025)
19	Review the gynaecological cancer workforce, identify shortages, and outline recruitment actions, reporting within six months.	Red	No published gynae-specific workforce review or time-bound recruitment plan; activity folded into broader programmes.
20	Ensure HEIW includes gynaecological cancers in its workforce planning.	Green	Included in pathway workforce methodology; translation into funded posts/training places not yet evidenced.
21	Clarify what performance data on gynaecological cancer will be published and when, to support transparency and care quality.	Amber	Commitments made, but no clear timetable for tumour-level gynae data publication. But data and digital roadmap work has started.
22	Outline Welsh Government oversight of the Cancer Informatics System and how it supports digital cancer pathway improvements and value for money.	Red	Oversight described; full rollout delayed and benefits unrealised; delivery escalation undermines assurance.
23	Work with partners to strengthen Wales' cancer research capacity and explore the case for a gynaecological cancer research centre.	Red	No options appraisal, business case, or timeline for a specialist centre; strategic gap remains.
24	Provide data on current gynaecological cancer trials in Wales, plans to increase access, and how clinicians will be supported and remunerated.	Red	13 trials reported; no plan to expand access or address clinician time/remuneration barriers.
25	Promote the benefits of palliative care to patients and clinicians, dispelling the myth that it's only for end-of-life.	Amber	Programme, funding and a draft national spec support earlier, person-centred palliative care; but no coordinated clinician/public campaign yet to dispel the 'end-of-life only' myth.
26	Update on implementing the palliative and end-of-life care quality statement, with a focus on equitable access.	Green	Programme board, draft national spec and bereavement grants advance the Quality Statement; equity-disaggregated outcome data remains thin and board-level reporting isn't yet consistent.

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[3] WG response to *Unheard*, 2024

[4] StatsWales, Cancer Waiting Times, 2025

[5] WG, NHS Activity & Performance Summary, May/June 2025

[6] Cancer Waiting Times, May 2025

[7] NHS Exec 25/26 Integrated Work Plan

[8] Audit Wales / WG, Escalation of DHCW, 2025

[9] WG Written Statement, Dec 2024

[10] WG NHS Activity & Performance Summary, 2025

[11] NHS Exec 25/26 Integrated Work Plan

[12] Written Response to the Health and Social Care Committee's December 2023 Inquiry Report on Gynaecological Cancer: "Unheard: Women's journey through gynaecological cancer"

[13] Written Response to the Health and Social Care Committee's December 2023 Inquiry Report on Gynaecological Cancer: "Unheard: Women's journey through gynaecological cancer"

[14] Written Statement: Update on progress of the Cancer Informatics Programme

[15] Response from Cabinet Secretary

[16] Cancer Summit September 2024

[17] A Cancer Improvement Plan for NHS Wales 2023-2026

[18] Welsh Government. *NHS Wales Executive renamed NHS Wales Performance and Improvement*, June 2025

[19] Public Health Wales. *Screening Services Overview*.

[20] Wales Cancer Intelligence and Surveillance Unit (WCISU)

[21] Health and Care Research Wales. *Who we are*.

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[23] Welsh Government. *Local Health Boards: roles and responsibilities*.

[24] Welsh Government. *Responsible Bodies Guidance*.

[25] Health Education and Improvement Wales (HEIW). *Workforce Strategy*.

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[29] NHS Wales Executive. *Integrated Workplan 2025–26* (described as "an amalgamation of the Cancer Network Plan and the Recovery Programme Plan").

[30] Welsh Government. *Written Statement: Women's Health Research* (April 2025) — announcement of £750k call for projects and £3m Women's Health Research Centre.

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[33] AWTTC x Wales Cancer Network SACT — 'Once for Wales' horizon scanning for cancer medicines. Collaboration established to provide unified ('Once for Wales') horizon-scanning to support timely service planning and avoid local duplication.

[34] Public Health Wales. *COVER Report – Vaccine Uptake in Children in Wales, Oct–Dec 2024 (School Years 8–10)* (2024). Coverage: Year 8 – 0.2%; Year 9 – 70.4% (73.4% girls; 67.6% boys); Year 10 – 72.3% (75.5% girls; 69.3% boys).

[35] UK National Screening Committee. *Recommendation: HPV self-sampling option for under-screened people*, June 2025.

[36] Welsh Government. *Written Statement: Self-sampling in the cervical screening programme in Wales*, 11 July 2025 – confirming planned roll-out next year and that PHW is exploring delivery.

[37] NHS Wales Performance & Improvement: *Rapid Diagnosis Clinics Programme* overview notes an external evaluation was published in 2024, identifying gaps in referral quality, equity, 7-day pathways, and data collection.

[38] WHC/2024/07 – Suspected Cancer Pathway Guidance

[39] Gateway C learning

[39] Digital Health and Care Wales. *Digital system for managing cancer data in Wales takes important step forward* (Dec 2024) — confirms e-form rollout and digital improvements.

[40] Welsh Government. *Planned Care Referral Data Set* specification, outlines referral data standards, but no public reporting tools specific to gynaecological referrals.

[41] Unheard: Women's journey through gynaecological cancer (Health & Social Care Committee, Dec 2023):

- Observation that services lost during COVID-19 have not been reinstated.
- **Recommendation 4**: Welsh Government should assess pandemic-related service loss and reinstate as necessary, providing timing or explanation if not reinstated.

[42] Response from Cabinet Secretary

[43] National Ovarian Cancer Audit (NOCA). *State of the Nation Report 2024*. Indicates that 40.6% of women in Wales had an emergency admission within 28 days before diagnosis.

[44] NHS Wales Performance & Improvement. *Integrated Workplan 2025–26*. Specifies upcoming commissioning of a "Routes to Diagnosis" study via a medical fellow.

[45] Welsh Government. *Women's Health Plan for Wales launched to close the gender health gap*, 9 December 2024 — announces creation of women's health hubs in each health board by 2026 as part of a 10-year plan.

[45b] Enhanced Community Gynaecology Service – Using point of care diagnostics to deliver prudent local healthcare" — Bevan Commission.

[46] SBRI Wales. *Improving Health Outcomes for Women and Girls across Wales* — part of the Women's Health Plan pathway: calls for pathfinder women's health hubs by 2026, focusing on innovation, primary and secondary care pathways. Note funding is for demonstration, not cancer-specific integration.

[47] Women's Health Plan December 2024

[48] Welsh Government. *People's Experience Framework: guidance for NHS Wales* (published 22 April 2025), introducing a maturity model and national survey methodology for capturing patient experience.

[49] Welsh Government Written Statement — Vital funding to support Welsh hospices (12 April 2024) confirms a £4m cost-of-living grant to 12 commissioned hospices, part of the Phase 3 funding review.

[50] NHS Wales Performance & Improvement — National Service Specification Engagement page (as of May 2025) announces the PEoLC specification is out for consultation, and includes standards for governance, equity, 24/7 urgent access, workforce KPIs.

[51] Senedd Written Question WQ96397 (Answered 15 May 2025) confirms £5.5 million for hospices plus a £3 million recurrent uplift in the 2025–26 Welsh Government budget.

[52] Welsh Government press release — Bereavement grants (Mar 2025) outlines multi-year grants to 18 organisations to strengthen bereavement support equity.

[53] Welsh Government — Written Statement: Improving Access to Palliative and End-of-Life Care (Cabinet Secretary for Health and Social Care), 18 Oct 2024. Confirms Programme for Government commitment; National Programme Board role; intention to develop a hospice commissioning framework; acknowledges financial challenges facing hospices.

[54] Welsh Government — "Vital funding to support Welsh hospices", 12 Apr 2024. Notes £4m provided to all 12 commissioned hospices (Phase 3 review support).

[55] NHS Wales Performance & Improvement — Service specification engagement page (PEoLC), open May–June 2025. Hosting the national specification for engagement.

[56] NHS Wales Performance & Improvement — National Service Specification for Wales: Palliative and End of Life Care (document), May 2025. Sets equity, governance, measurement, workforce, and 24/7 urgent response expectations.

[57] Senedd (Written Questions) — Hospice funding confirmation, answered 15 May 2025. Confirms £5.5m additional support for hospices and £3m recurrent uplift in the 2025–26 budget.

[58] Welsh Government Annual Report (Annex) 2023–24, published July 2024. States Phase 2 PEoLC review recommendations (weekend/bank-holiday district & specialist palliative nursing capacity) are being progressed via Further Faster; Phase 3 interim recommendations submitted Feb 2024 and broadly accepted with work started.

[59] Welsh Government press release — Bereavement grants (Mar 2025) outlines multi-year grants to 18 organisations to strengthen bereavement support equity.